

Rev. 3/19

EMERGENCY

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON

WENDELL M. ARMSTEAD JR - ET AL
Plaintiff's full name and prisoner number

Plaintiff,

v.

Case No. 3:20-cv-05327-RJB-JRC
(leave blank – for court staff only)

Ronald Haynes

Dan Van Ogle

"See Attached Sheets"
Defendant's/defendants' full name(s)

EMERGENCY PRISONER CIVIL RIGHTS COMPLAINT

Defendant(s).

Jury Demand?

☐ Yes
☐ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

WARNINGS

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.

2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. You may, but do not need to, send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

I. PLAINTIFF INFORMATION

Armstead Wendell M.

Name (Last, First, MI)

Aliases/Former Names

867539

Prisoner ID #

Stafford Creek Correction Center

Place of Detention

191 Constantine Way

Institutional Address

Aberdeen

County, City

Washington

State

98520

Zip Code

Indicate your status:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced state prisoner

☐ Convicted and sentenced federal prisoner

ATTACHMENT
PLAINTIFF'S FULL
NAME AND PRISONER
DOC NUMBER'S

Plaintiff's Full name and prisoner number

Bobby D. Colbert #879561
Lewis Southard #342426
Tommie Slack #282904
Wilford Armstead #629944
Kareem A. Babbs #420365
Juwan M. William #401243
Jesus D. Montano #407216
Christian Gibson #402153
Ryan Morgan #864802
Luis Farinas #787477
William Ward #350114
Bryan Storer #416168
Roger Spike-Like #309677
Travis Engelen #376445
Justin T. Dull #377090
Tyler R. Bashaw #402023
Henry Castillo #411989
Marlon Burns #728947
Adam Reynolds #409176
Antyone Ojerinola #421544
Channing Uchendu #378722
Joshua Jones #313497
James Lewis #917662
Lowell Lowe #855988
Asten Fieger #421118
Michael Stevenson #378666
Jason M. Giles #793670
Tylor J. Sanchez #421535
Scott Cartler #366340
Jason B. Tiffin #740259
Kyntrel Jackson #355949 (Sinister Daevayasnaham God)

Wendell Clark # 4116403
Dustin Guilders # 419489

Carlos James McDougall # 404168

Arthur McKinnen # 809400

Devin Gagon # 413357

Lee Reedy # 406170

Andy Heeb # 472937

Tory Randazzo # 836944

Lennie Woods # 400407

Jose Williams # 412984

Jarrod L. Jones # 317498

Daryl Rogers # 412163

Terrell L. Wilson # 810623

David D. Lewis # 789870

Adams-Kinnard, Kenan # 380504

Anthony Davis # 259315

Sean Stevenson # 930936

Eric Little # 755738

Paul T. Makosky # 896293

Kailebh Hallock # 416067

Marco Santiago # 896177

Jose Lopez # 411726

Max Coonrod # 839750

Gary Noble # 975705

Steve Spentleman # 297346

Jerrod Johnson # 368823

Donald Galbert # 901522

Mathew L. Mittelstaedt # 791223

Tyson J. Householder # 883366

Timothy Hamness # 865630

Paul Titra # 400402

Thomas Pleasant # 936385

Robert Wentz # 795579

Garrett Kirkwood #318237
 Ryan Ward #359091
 Jeremy Bryce #402614
 Travis Ault #309017
 Seth Lloyd #892158
 David Morge #852889
 Leroy Ramirez #401913
 Bobby McHaffey #404251
 Tremayne Reed #829485
 Tujuan Henry #896610
 Colt Borgeson #366756
 Stephen Reichow #399068
 Steve Richardson #719447
 Eddy Ural #408977
 Michael W. Tarbert #937380
 Jeffrey Thomas #
 Isaiah Summers #368847
 John C. Mower Jr #856447
 Casey Woodson #249596
 Peter James Carr #357101
 Tony King #
 Kasey Chapin #358324
 Alexander J Hensey #420890
 Terrell Johnson #368823
 Marshall Lewis #341910
 Cobbe Weston #326775
 Alex Acebedo, Medrano #
 Wolid Mohammed #366376
 Christopher Brown #378020
 Daniel Maxter #336297

Connor Bloom #421287
Monty Burnum #979665
Robert May #416904
Tory Randazzo #836944
Marc Larson #858488
Devin Gagon #413357
Clarence A Diaz #730942
Chris Brawn #378020
John Bell #727080
Kenneth Leuluaialii #990551
Michael Trevino #908856
Luis Farias #787477
Bobby Lyons #286193

Scott Casimire #400841

Jason Hill Strom #351344

Anthony Anuck #414864

Tylor Sanchez #421935

Terrell Fox #367610

Mathew Walker #347489

Seth LLOYD #892158

Anderson Xavier #367961

Michael Pella #628359

Gerald Matier #365904

David Ricardez #368177

Gerald Matier #365904

Michael Pella #628359

Mosley, Nathaniel #340183

Estoton Sampson #409613

Randy Ellis #~~28~~392810

Brandon Jewell #341160

Shawn Delacruz #376117

Jesus Montano #407216

Caesar Larios-Vargas #379739

Skylar Zimmerle #386249

Robelio Rodriguez #345218

Jeff Anderson #881983

(All other SCCC similar situated individuals)

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1: Haynes, Ronald
 Name (Last, First)

Superintendent
 Current Job Title

191 Constantine Way
 Current Work Address

Aberdeen, Washington 98520
 County, City State Zip Code

Defendant 2: Van Ogle, Dan
 Name (Last, First)

Associate Superintendent of Op
 Current Job Title

191 Constantine Way
 Current Work Address

Aberdeen, Washington 98520
 County, City State Zip Code

Defendant 3: Penrose, Gina
 Name (Last, First)

Associate Superintendent
 Current Job Title

191 Constantine Way
 Current Work Address

Aberdeen, Washington 98520
 County, City State Zip Code

ATTACHMENT
DEFENDANT'S
FULL NAME(S)

~~Defendants' / Defendants' full names~~

Gina Penrose

Stephen Sinclair

Scott J. Russell

Julie Martin

Robert Herzog

Ron Herrington

Jodi Wayman

Sgt. Howard

Sgt. Cardin

Kendra Wakefield

Dennis Cherry

James Jolly

Annice Mizin

Chris Grubb

Teasha Bundy

HSN2 PARRIS

Stephanie Baltzell

Dennis Dahane

Stacia Quinn

Matthews

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).

COUNT I

Identify the first right you believe was violated and by whom:

1.1 (See Attachment)

State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

1.2 (See Attached)

I. PREFACE

Pursuant to 42 U.S.C. § 1983. This class action, is being filed as an emergency due to the continuing growth rates of Covid-19 infections and deaths in the State of Washington.

Here at Stafford Creek Correction Center (S.C.C.C.), the employees refuse to take reasonable measures for stopping the spread of Covid-19, but has actually continued to place inmates at (SCCC) in danger by forcing the individuals with Covid-19 symptoms to be placed in G-Unit population where the quarantine/isolation inmates share the same shower, phones, and jpay systems, which exposes G-Unit inmates to this highly infectious disease, unknowingly.

(SCCC) staff have refused to provide G-unit inmates with gloves, masks, bleach and or any proper cleaning supplies to prevent the Covid-19 virus from spreading, as required from the posting on the Washington Department of Correction (WA.DOC) website. The defendants is directly violating all (S.C.C.C.) inmates Eighth Amendment Rights by extremely depriving adequate medical care, treatment and the prevention of cruel and unusual punishment of harsh conditions of confinement as well as failing to protect all inmates from a known substantial risk of deadly harm of a contagious disease. (S.C.C.C.) continuance with this deprivation violates (SCCC) inmates 14th Amendment Right to fair due process.

Therefore, the fact that (WADOC) continues to post on their website that they are following all the State and Federal rules on the Covid-19 virus, but lying and showing deliberate indifference and negligence by those lies to avoid negative press on their treatment of (SCCC) inmates. (See Attachment 4 and 7).

II. CLAIMS

(S.C.C.C.'s) unconstitutional acts of the following policies and practices:

- (1) Creation of "lengthy and dangerous delays in receiving" care and "outright denials of health care;
- (2) Failure to provide inmates with timely emergency treatment;
- (3) Failure to provide necessary medication and medical devices to inmates;
- (4) A practice of employing insufficient health care staff;
- (5) Failure to provide inmates with care for chronic diseases and protection from the deadly corona infectious virus;
- (6) housing transfer inmates from the streets and other inmates from other prison in G-Unit population;
- (7) Denying all (S.C.C.C.) inmates to be tested for the Covid-19 virus, to have positive confirmations rather than just housing inmates with Covid-19 symptoms with the population;

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(8) Denying inmates proper prevent supplies (masks, gloves, bleach, and sanitation products) in order to prevent spreading of the Covid-19 and to uncontaminate all items used by the Covid-19 quarantine inmates;

(9) Refusing to allow all inmates to send out funds as ^{needed} from our Saving Account per DOC policy 200.000(11)(B) to help family and friends for essential support during this Global Pandic;

(10) Continuing to transfer inmates and;

(11) Posting false information on the (WADOC) website saying that they are providing all of the above information, but not following any of that information.

III. STATEMENTS OF FACTS

(S.C.C.C) has a total of 8 living units, (G-unit, H1 unit, H2 unit, H3 unit, H4 unit, H5 unit, H6 unit, and F-unit. As stated above, all inmates housed in these units have all been denied any proper Covid-19 prevention supplies, which is a direct violation of every inmate Eighth Amendment and Fourteenth Amendment Rights.

To be more direct, at (SCCC) G-unit where both population and quarantine/isolation inmates are being housed together have requested to be tested for Covid-19 virus, but are being denied by (SCCC) medical staff Ronald Herrington, K. Paris, Rency Helberg, and Jodi Wayman claiming they were not testing individuals without Covid-19 virus symptoms. Although multiple inmates have express to medical staff that they have had the symptoms. (see Attachment 1)

(S.C.C.C.) inmates have filed emergency grievances on this issue to also be denied by the grievance coordinator Dennis Dahne and Lieutenant Yardly which violates inmates First Amendment right to petition the government through grievance and our Eighth Amendment right to adequate medical care and treatment. (see Attachment 2).

Inmates at (SCCC) have all been denied any gloves, respirator masks, bleach, to clean our cells, and/or proper prevention equipment by our C.U.S's for the individual units they supervise and/or control. (G-unit C.U.S James Jolly), (H1 C.U.S Dennis Cherry), (H2 C.U.S Kendra Wakefield), (H3 C.U.S Stefanie Biltzell), (H4 C.U.S Chris Grubb), (H5 C.U.S), (H6 C.U.S Annice Mizin). (see Attachment 3).

As of April 3rd, 2020 the (WADOC) Headquarters ^(HQ) has approved respirator masks for only (SCCC) staff. Therefore, Julie Martin, Robert Herzog, and Stephen Sinclair knew the seriousness of this deadly virus, but still deprived (SCCC) staff for months and still to this day, they are depriving inmates of their rights, which is a direct violation of the Eighth and 14th Amendment right. (see Attachment 4).

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(SCCC) inmates at (SCCC) have also grieved the fact that we are receiving contaminated food which places inmates at further risk, due to there being no dishwasher and black mold throughout the kitchen. With both the Covid-19 virus and black mold becomes even more deadly which creates harsh conditions of confinement, because inmates at (SCCC) are force to stay in this contaminated environment. This is a direct violation of inmates Eight and Fourteenth Amendment Rights. (SCCC) inmates has also written grievances about this issue and was told by the grievance coordinator Dennis Dahane that this is deemed non-emergency by Jamie Newton. (see Attachment 3).

Inmates at (SCCC) have also grieved the fact that we are receiving contaminated food which places inmates at further risk, due to there being no dishwasher and black mold throughout the kitchen. With both the Covid-19 virus and black mold becomes even more deadly which creates harsh conditions of confinement, because inmates at (SCCC) are force to stay in this contaminated environment. This is a direct violation of inmates Eight and Fourteenth Amendment Rights. (SCCC) inmates has also written grievances about this issue and was told by the grievance coordinator Dennis Dahane that this is deemed non-emergency. (see Attachment 8).

The above information is very concerning because (HQ) Stephen Sinclair, Scott Russell, Robert Herzog, and (SCCC) Ronald Haynes, Dan Van Ogle and Gina Penrose, are still denying (SCCC) inmates prevention gear and cleaning supplies. These individuals are continuing to allow inmates to be transfer from facility to facility and housed with quarantine/population. This is directly contrast to (WADOC) website posting which is not helping prevent the virus spreading and or social distancing. (Attachment 5). This is also a direct violation of Eighth Amendment rights to have safe conditions of confinement.

(SCCC) has a reasonable Isolation unit to house inmates that are quarantine, but refuses to use it. (see Attachment 6) This unit is control by Ronald Haynes, Stefanie Baltzell, and Dan Van Ogle. This clearly is causing an unsafe environment at (SCCC) for the staff and inmate population, which violates all the executive orders by the WA State Governor. (see Attachment 7).

Inmates at (SCCC) have been attempting to resolve these issues at the tier REP meeting, but or told by all (SCCC) staff member ^{there} that (HQ) told them that some of the sanitation supplies would be provided, and still as of today have not been provided. (see Attachment 3). The defendant's knew we were not being provided these essential prevention supplies, which directly violates inmates Eighth Amendment Rights to safe conditions of confinement, yet the defendant's choose to act in deliberate indifference by continuing to deprive us of these Covid-19 prevention items is also in violation of the Fourteenth Amendment. This Covid-19 is a deadly virus that continues to spread across the world and effect millions. (Attachment 10).

As to inmates at (SCCC) our live are in immediate danger due to the extreme risk of the Covid-19 virus plus the black mold at (SCCC), by the above defendants failure to provide humane conditions of confinement, ensure that inmates receive adequate medical care, and must take reasonable measures to guarantee the safety of the inmates. Also during this Global pandemic (SCCC) inmates have attempted to resolve this by requesting to have savings sent to family and friends for essential support, which has not happen

At this time. It has been four weeks to date that (SCC) inmates have requested to have our money sent to family and friends, and or being told by (SCC) banking that they are being process. This is a direct violation of (SCC) inmates First, Eighth and Fourteenth Amendment rights.

ATTACHMENT 1



HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Lewis</i>		FIRST NAME <i>Marshall</i>		
DOC NUMBER <i>311910</i>	FACILITY <i>Sec</i>	UNIT/CELL <i>6B D-30</i>	DATE <i>3-3-20</i>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

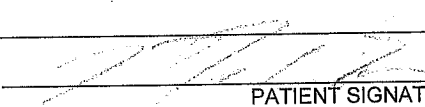
If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

*Can I get tested for the coronavirus
I'm alone so I have a compromised immune system*


 PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Oral</u>		FIRST NAME <u>Eddy</u>	
DOC NUMBER <u>908977</u>	FACILITY <u>SICC</u>	UNIT/CELL <u>6C-17</u>	DATE <u>3/30/20</u>
JOB/PROGRAM		JOB/PROGRAM HOURS	DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for Covid-19 please
and thanks

Eddy
 OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)

DATE and TIME

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps
 Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME GILDELS		FIRST NAME DUSTIN		
DOC NUMBER 419489	FACILITY SCCC	UNIT/CELL GA-C14	DATE 3 MAR 2020	TIME 1015
JOB/PROGRAM N/A	JOB/PROGRAM HOURS		DAYS OFF	

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for COVID-19, due to having infected individuals in the unit.

[Signature]
OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

- ☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

RESPONDER signature and stamp (all copies)

DATE and TIME

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps
 Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Chapin</u>		FIRST NAME <u>KGW</u>	
DOC NUMBER <u>358324</u>	FACILITY <u>SLC</u>	UNIT/CELL <u>6B28L</u>	DATE <u>4/13/20</u> TIME
JOB/PROGRAM <u>Kitchen</u>	JOB/PROGRAM HOURS <u>0700-1330</u>		DAYS OFF <u>EDP F/S</u>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for COVID-19 please.

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

**HEALTH SERVICES KITE**

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Hensey</u>		FIRST NAME <u>Alexander</u>			
DOC NUMBER <u>420690</u>	FACILITY <u>SCC</u>	UNIT/CELL <u>G-022</u>	DATE <u>4-3-2020</u>	TIME	
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF	

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for covid-19 as I am in G-unit and there are people in quarantine thank you.

Alex Hensey

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keeps

Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

**HEALTH SERVICES KITE**

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME Newton		FIRST NAME Datrick		
DOC NUMBER 350307	FACILITY S.C.C.C	UNIT/CELL G-CL	DATE	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☐ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for COVID-19

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

- ☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Weston</u>		FIRST NAME <u>Cobbe</u>		
DOC NUMBER <u>326775</u>	FACILITY <u>Sec</u>	UNIT/CELL <u>G-BD-13</u>	DATE <u>4-3-2020</u>	TIME <u>10:10 am</u>
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like a Covid 19 coronavirus test to be on the safe side. Thank you!

Cobbe Weston
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

- ☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

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**HEALTH SERVICES KITE**

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Brown</i>		FIRST NAME <i>Chadler</i>		
DOC NUMBER <i>375020</i>	FACILITY <i>1000</i>	UNIT/CELL <i>6-B-D-21</i>	DATE <i>4-3-20</i>	TIME <i>11:00</i>
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

Can I get help for Covid 19 symptoms please

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keeps

Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

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HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME Johnson		FIRST NAME Jerrod		
DOC NUMBER 368823	FACILITY SCCC	UNIT/CELL GB 26-L	DATE 4-3-20	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER:

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested covid-19 because I was on G.W.A.T & several staff & employees of Doc were coughing & rubbing leaky eyes. I have been putting med down in front of & drinking with same gloves putted down over 200 inmates without changing this is a violation of covid-19 protocol & social distancing

[Signature]
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keeps

Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Fieger</i>		FIRST NAME <i>Alex</i>		
DOC NUMBER <i>421118</i>	FACILITY <i>SCCC</i>	UNIT/CELL <i>G/CO9</i>	DATE <i>3/30/20</i>	TIME <i>1:45</i>
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I was diagnosed with Chronic Bronchitis at a young age, due to that I would like to be tested for covid-19.

OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)

DATE and TIME

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps
 Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>ROGERS</u>		FIRST NAME <u>DARYL</u>	
DOC NUMBER <u>412163</u>	FACILITY <u>SCCC</u>	UNIT/CELL <u>6C-10</u>	DATE <u>3/30/20</u>
JOB/PROGRAM <u>KIOSK ROOM</u>	JOB/PROGRAM HOURS <u>8:00 AM - 2:00 PM</u>		DAYS OFF <u>FRI - SAT</u>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I WOULD LIKE TO BE TESTED FOR THE COVID-19 ~~WAS~~ VIRUS AS I AM ASTHMATIC AND HAVE NOT EATEN SINCE JULY, WHICH GIVES ME A SEVERELY COMPROMISED IMMUNE SYSTEM. ADDITIONALLY I WAS IN THE T-BUILDING AROUND INFECTED STAFF (MS. TOHANSON AND MANY OTHERS) ON 3/26/20, 3/27/20 AND 3/30/20. FURTHER I'M IN 6-UNIT A POP WHERE QUARANTINE ISOLATIONS DUE TO COVID-19 INFECTIONS ARE BEING HELD INFECTING THE 6-UNIT POPULATION AND ALL OF SCCC. PLEASE AND THANK YOU.

DARYL ROGERS.

OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

- ☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

RESPONDER signature and stamp (all copies)

DATE and TIME

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response

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HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Borgeson</i>		FIRST NAME <i>Colt</i>		
DOC NUMBER <i>366756</i>	FACILITY <i>SCCC</i>	UNIT/CELL <i>6-A-11-U</i>	DATE <i>3-30-20</i>	TIME <i>0</i>
JOB/PROGRAM <i>0</i>		JOB/PROGRAM HOURS <i>0</i>		DAYS OFF <i>0</i>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for COVID-19
I have asthma and I could be more susceptible to COVID-19

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

- ☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

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**HEALTH SERVICES KITE**

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Slack</u>		FIRST NAME <u>Tommie</u>		
DOC NUMBER <u>282909</u>	FACILITY <u>SCCC</u>	UNIT/CELL <u>6C-23</u>	DATE <u>3,30,20</u>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for Covid-19

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

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**HEALTH SERVICES KITE**

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>LEWIS</u>		FIRST NAME <u>DAVID</u>		
DOC NUMBER <u>789870</u>	FACILITY <u>S.C.C.C</u>	UNIT/CELL <u>C-6346</u>	DATE <u>3/30/20</u>	TIME _____
JOB/PROGRAM <u>LAUNDRY</u>		JOB/PROGRAM HOURS <u>8am - 9pm</u>		DAYS OFF <u>5/5</u>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I WOULD VERY MUCH LIKE TO GET TESTED FOR THE COVID-19
ESPECIALLY WITH SICK PEOPLE BEING Housed HERE IN C-UNIT? THANK YOU

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

- ☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

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HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Basham</u>		FIRST NAME <u>Tala</u>		
DOC NUMBER <u>402023</u>	FACILITY <u>WCC</u>	UNIT/CELL <u>G-31</u>	DATE <u>7/8/20</u>	TIME <u>9:10</u>
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for COVID-19

[Signature]
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

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**HEALTH SERVICES KITE**

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME SPIKE-LIKE		FIRST NAME ROGER	
DOC NUMBER 509077	FACILITY SLCC	UNIT/CELL GC-27	DATE 3/30/20
JOB/PROGRAM		JOB/PROGRAM HOURS	DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☐ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I WOULD LIKE TO BE TESTED FOR "COVID-19"

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

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HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Jackson</u>		FIRST NAME <u>Kurtel</u>	
DOC NUMBER <u>355949</u>	FACILITY <u>SCCC</u>	UNIT/CELL <u>G-Unit C-64</u>	DATE <u>3-30-20</u>
JOB/PROGRAM		JOB/PROGRAM HOURS	DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I wish to be tested for the Covid-19 virus due to the rampant spreading of symptoms which I asked to be tested for previously to be told that you don't treat Covid-19 & sent me back. This virus is deadly & all over G-Unit due to us being around T-building staff.

Minister Daevanasham God
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

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HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Little</i>		FIRST NAME <i>ERIC</i>		
DOC NUMBER <i>155738</i>	FACILITY <i>5 CCC</i>	UNIT/CELL <i>6-C 304</i>	DATE <i>5-30-20</i>	TIME <i>7:40</i>
JOB/PROGRAM		JOB/PROGRAM HOURS <i>evening, 7-10 PM</i>		DAYS OFF <i>MC-SAT</i>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for Covid 19

Thank you

h. A. Little

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keeps

Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response.

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HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Williams</i>		FIRST NAME <i>Suwan</i>		
DOC NUMBER <i>40143</i>	FACILITY <i>SCC</i>	UNIT/CELL <i>GC280</i>	DATE <i>3/30/20</i>	TIME <i>9:00AM</i>
JOB/PROGRAM <i>N/A</i>		JOB/PROGRAM HOURS <i>N/A</i>		DAYS OFF <i>N/A</i>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for Covid-19

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

- ☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

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HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>DE CASTILLO</u>		FIRST NAME <u>HENRY</u>	
DOC NUMBER <u>41198915CCC</u>	FACILITY <u>GA-15</u>	DATE <u>3-30-20</u>	TIME <u>DAY</u>
JOB/PROGRAM _____	JOB/PROGRAM HOURS _____	DAYS OFF _____	

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for COVID-19.
DO TO PEOPLE IN G-UNIT HAVING SYMPTOMS
THANK YOU

[Signature]
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

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**HEALTH SERVICES KITE**

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Adams-Kinard</i>		FIRST NAME <i>Wendy</i>		
DOC NUMBER <i>360504</i>	FACILITY <i>CCCC</i>	UNIT/CELL <i>4-C-16</i>	DATE <i>3/30/20</i>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☐ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for COVID-19

Wendy Adams-Kinard
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keeps

Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Babb</u>		FIRST NAME <u>Kaleem</u>		
DOC NUMBER <u>420365</u>	FACILITY <u>S.C.C.C</u>	UNIT/CELL <u>GA-11</u>	DATE <u>3-30-20</u>	TIME <u>8:45am</u>
JOB/PROGRAM <u>Drish Tank Aside</u>		JOB/PROGRAM HOURS <u>11-7pm</u>		DAYS OFF <u>Mon-Tues</u>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☐ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to get tested for covid-19 virus soon
as possible Thanks

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)

DATE and TIME

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

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HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Armistead</i>		FIRST NAME <i>Wendell</i>		
DOC NUMBER <i>867539</i>	FACILITY <i>S.L.C.C.</i>	UNIT/CELL <i>G-A# 48</i>	DATE <i>3/30/20</i>	TIME <i>11:10</i>
JOB/PROGRAM <i>Low Library</i>		JOB/PROGRAM HOURS		DAYS OFF <i>Sat. Sunday</i>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☒ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would to be tested for the Covid-19 virus because I have been around the T-~~10~~ Building infected staff Ms. Johnson.
Thank you very much for you time and Assist.
Have a nice day.

Wendell H. Armistead
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keeps

Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

**HEALTH SERVICES KITE**

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Kurns</i>		FIRST NAME <i>Mark</i>			
DOC NUMBER <i>728447</i>	FACILITY <i>SCCC</i>	UNIT/CELL <i>1A12L</i>	DATE <i>3-29-20</i>	TIME <i>7:00AM</i>	
JOB/PROGRAM <i>KITCHEN</i>		JOB/PROGRAM HOURS <i>7:00 - 1:30</i>		DAYS OFF <i>SAT-SUN</i>	

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for Covid 19

Mark Kurns
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

**HEALTH SERVICES KITE**

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>TIFFIN</i>		FIRST NAME <i>JASON</i>		
DOC NUMBER <i>740259</i>	FACILITY <i>SCC</i>	UNIT/CELL <i>BA-12</i>	DATE <i>3-24-20</i>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like tested for COVID-19. I am NOT sick ANYMORE. But well over a MONTH AGO I THINK IT WAS ALREADY HERE. IF I HAVE THE ANTI-BODIES I WOULD LIKE TO DONATE BLOOD TO HELP OTHERS. CAN WE GET THIS 2 TIMES OR ONLY ONCE. I TOLD YOU ABOUT THE
Jason Tiffin
 PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>TIFFIN</i>		FIRST NAME <i>JASON</i>		
DOC NUMBER <i>740259</i>	FACILITY <i>SCCC</i>	UNIT/CELL <i>EA-17</i>	DATE <i>3-23-2020</i>	TIME
JOB/PROGRAM <i>N/A</i>		JOB/PROGRAM HOURS <i>N/A</i>		DAYS OFF <i>N/A</i>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I HAVE A HEART MURMUR A VITING PIGNET
DISORDER THAT IS AN AUTOMATED I
DONT KNOW HOW TO SPELL IT BUT IT MAKES
ME HIGHER RISK TO THIS CORONARY VESSELS

PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

RESPONDER signature and stamp (all copies)	DATE and TIME
--	---------------

Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

URGENT

HEALTH SERVICES KITE

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Jackson</u>		FIRST NAME <u>Kuntrel</u>	
DOC NUMBER <u>355949</u>	FACILITY <u>SCCC</u>	UNIT/CELL <u>G-Unit C-06</u>	DATE <u>3-8-20</u>
JOB/PROGRAM		JOB/PROGRAM HOURS	DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I have been extremely sick these past 3 days with continued liquid/fluid leakage from my left eye & left nostril (a little on the right), headaches, & no bowel movement in the last 2 days. I continue to get worse & all remedies only work for around 3 hours (Coffee, hot water, vitamin C, Hot towel & Gold towel). I think this may be the corona virus, don't let me die like Frank Ramseth.

HELP

Sinister Daevaasrahnam God
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

**Sick Call
Scheduled**

RESPONDER signature and stamp (all copies)

DATE and TIME

J. Nagala
Nagala, JSP

3-9-20

Distribution: **WHITE** – Responder, **PINK** – Patient keeps

Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Dull</u>		FIRST NAME <u>Justin</u>		
DOC NUMBER <u>377090</u>	FACILITY <u>SCCC</u>	UNIT/CELL <u>C1-A-14</u>	DATE <u>3-26-19</u>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL — List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like tested for corona virus. Late January I had every symptom that covid-19 has and I declared medical Emergency. I'm alright now but still want a test.

Also I can clearly see G unit a side is being used as Quaranteen and I can see that these people are quaranteen as covid-19 precautionary. It is not wise for 2 to be in a cell.

Justin Dull
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues.

<input checked="" type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
---	---	--

We follow the current CDC guidelines for isolating & quarantining patients, & it is being done properly.

If you are asymptomatic, we are not screening for Corona Virus.

We currently have no (+) cases anywhere at SCCC.

RESPONDER signature and stamp (all copies)

DATE and TIME

J. Wayman RN3 / J. WAYMAN, RN3, IPN

RECEIVED
3/27/2020 1:350
MAR 27 2020

Distribution: WHITE/YELLOW — Responder, PINK — Patient keeps

Distribution upon completion: WHITE — Health Record, YELLOW — Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>TIFFIN</u>		FIRST NAME <u>JASON</u>		
DOC NUMBER <u>740259</u>	FACILITY <u>SCCC</u>	UNIT/CELL <u>EA-12</u>	DATE <u>3-24-2020</u>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL — List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like tested for corona.
 I am not sick any more but
 well over a month ago I think
 it was already here. If I have
 the antibodies I would like to
 donate blood to help others
 & can we get this 2 times or
 only once. I told you bad the

 PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

We currently are not screening for Corona virus.
 Only those with possible symptoms are
 being tested. There are no (+) Corona
 cases at SCCC at this time.
 Unfortunately donating blood is not
 possible. — We do not have the ability
 to do that here.

RECEIVED

RESPONDER signature and stamp (all copies) <u>J. Wayman RN3</u> J. WAYMAN, RN3, IPN	DATE and TIME <u>3/27 MAR 2020 1350</u>
--	--

Distribution: WHITE/YELLOW — Responder, PINK — Patient keeps

Distribution upon completion: WHITE — Health Record, YELLOW — Return to HEALTH SERVICES

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>TIFFIN</i>		FIRST NAME <i>JASON</i>		
DOC NUMBER <i>740259</i>	FACILITY <i>SECC</i>	UNIT/CELL <i>EA-12</i>	DATE <i>3-23-2020</i>	TIME
JOB/PROGRAM <i>N/A</i>		JOB/PROGRAM HOURS <i>N/A</i>		DAYS OFF <i>N/A</i>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I HAVE A HEART MURMUR & Vitiligo Pigment Disorder THAT IS AN AUTOIMMUNE DISEASE I DONT KNOW HOW TO SPELL IT BUT IT MAKES me Higher Risk To THIS CORONA'S VIRUS

[Signature]
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

See other Kite

RECEIVED

RESPONDER signature and stamp (all copies)

DATE and TIME

MAR 27 2020

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Patient keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient Health Services

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HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Jackson</i>		FIRST NAME <i>Kyntrel</i>		
DOC NUMBER <i>355949</i>	FACILITY <i>SCCC</i>	UNIT/CELL <i>G-Unit C-64</i>	DATE <i>3-30-20</i>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I wish to be tested for the Covid-19 virus due to the rampant spreading of symptoms which I asked to be tested for previously to be told that you don't treat Covid-19 & sent me back. This virus is deadly & all over G-Unit due to us being around T-building staff.

Minister Daevanaham God
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

See Attached

RESPONDER signature and stamp (all copies)

J. Wayman

J. WAYMAN, RN3, IPN

DATE and TIME

3-31-20

RECEIVED

Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

MAR 31 2020

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This fill and print form is for healthcare staff to initiate communication with patients. Patients are to use the 3-part NCR form to communicate with staff.

LAST NAME JACKSON	FIRST NAME KYNTREL
DOC NUMBER 355949	FACILITY SCCC
UNIT/CELL G C 6U	

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed in the patient's health record except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

TYPE OF RESPONSE

☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ OPTOMETRY
 ☐ OTHER: _____

☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

Mr. Jackson : We are not screening asymptomatic individuals for Corona virus at this time. If you were to develop symptoms, you would be evaluated and treated as needed.

Currently we do not have any positive cases of Corona virus in staff or offenders here at SCCC.

Please continue to practice good hand washing and social distancing.

RESPONDER typed name and signature J. Wayman, RN3/IPN	DATE 03/31/2020
---	---------------------------

Distribution: ORIGINAL – Health Record COPY – Patient

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HEALTH SERVICES KITE

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PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Little</i>		FIRST NAME <i>ERIC</i>		
DOC NUMBER <i>15738</i>	FACILITY <i>SCC</i>	UNIT/CELL <i>G-C 204</i>	DATE <i>3-30-20</i>	TIME <i>7:40</i>
JOB/PROGRAM		JOB/PROGRAM HOURS <i>6am-10am</i>		DAYS OFF <i>EC-SAT</i>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for Covid 19

Thank you

Eric A. Little
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

See Attached

RESPONDER signature and stamp (all copies) <i>J. Wayman RN3</i>	DATE and TIME <i>3/31/20</i>
--	---------------------------------

J. WAYMAN, RN3, IPN

Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

MAR 31 2020

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This fill and print form is for healthcare staff to initiate communication with patients. Patients are to use the 3-part NCR form to communicate with staff.

LAST NAME LITTLE		FIRST NAME ERIC	
DOC NUMBER 755738	FACILITY SCCC	UNIT/CELL G C 20L	

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed in the patient's health record except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

TYPE OF RESPONSE


- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ OPTOMETRY
 ☐ OTHER: _____

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

Mr. Little : We are not screening asymptomatic individuals for Corona virus at this time. If you were to develop symptoms, you would be evaluated and treated as needed.

Currently we do not have any positive cases of Corona virus in staff or offenders here at SCCC.

Please continue to practice good hand washing and social distancing.

RESPONDER typed name and signature J. Wayman, RN3/IPN 	DATE 03/31/2020
---	---------------------------

Distribution: ORIGINAL – Health Record COPY – Patient

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HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Borgeson</i>		FIRST NAME <i>Colt</i>		
DOC NUMBER <i>366756</i>	FACILITY <i>SCCC</i>	UNIT/CELL <i>G-A-A1-U</i>	DATE <i>3-30-20</i>	TIME <i>0</i>
JOB/PROGRAM <i>0</i>		JOB/PROGRAM HOURS <i>0</i>		DAYS OFF <i>0</i>

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for COVID-19
I have asthma and I could be more susceptible to COVID-19

[Signature]
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

See Attached

RECEIVED

RESPONDER signature and stamp (all copies) <i>Wayman</i> J. WAYMAN, RN3, IPN	DATE and TIME <i>3-31-20 MAR 31 2020</i>
---	---

Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

SCCC HEALTH SERVICES

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

**HEALTH SERVICES KITE**

This fill and print form is for healthcare staff to initiate communication with patients.
Patients are to use the 3-part NCR form to communicate with staff.

LAST NAME BORGESON	FIRST NAME COLT
DOC NUMBER 366756	FACILITY SCCC
UNIT/CELL G A 1U	

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed in the patient's health record except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

TYPE OF RESPONSE

☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ OPTOMETRY
 ☐ OTHER: _____

☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

Mr. Borgeson : We are not screening asymptomatic individuals for Corona virus at this time. If you were to develop symptoms, you would be evaluated and treated as needed.

Currently we do not have any positive cases of Corona virus in staff or offenders here at SCCC.

Please continue to practice good hand washing and social distancing.

RESPONDER typed name and signature J. Wayman, RN3/IPN 	DATE 03/31/2020
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Distribution: **ORIGINAL** – Health Record **COPY** – Patient

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Begshaw</u>		FIRST NAME <u>Tyler</u>		
DOC NUMBER <u>402023</u>	FACILITY <u>SCCC</u>	UNIT/CELL <u>G-1031</u>	DATE <u>3/30/20</u>	TIME <u>9:10</u>
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for COVID-19

[Signature]
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

See Attached

RESPONDER signature and stamp (all copies) <u>[Signature]</u> J. WAYMAN, RN3, IPN	DATE and TIME <u>3-31-20</u> RECEIVED
--	--

Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, as otherwise permitted by law.



HEALTH SERVICES KITE

This fill and print form is for healthcare staff to initiate communication with patients.
Patients are to use the 3-part NCR form to communicate with staff.

LAST NAME BASHAW	FIRST NAME TYLER
DOC NUMBER 402023	FACILITY SCCC
UNIT/CELL G C 31	

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed in the patient's health record except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

TYPE OF RESPONSE

☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ OPTOMETRY
 ☐ OTHER: _____

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

Mr. Bashaw : We are not screening asymptomatic individuals for Corona virus at this time. If you were to develop symptoms, you would be evaluated and treated as needed.

Currently we do not have any positive cases of Corona virus in staff or offenders here at SCCC.

Please continue to practice good hand washing and social distancing.

RESPONDER typed name and signature J. Wayman, RN3/IPN 	DATE 03/31/2020
---	---------------------------

Distribution: ORIGINAL – Health Record COPY – Patient

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <u>Slack</u>		FIRST NAME <u>Tommie</u>		
DOC NUMBER <u>282904</u>	FACILITY <u>SCCC</u>	UNIT/CELL <u>G C-23</u>	DATE <u>3, 30, 20</u>	TIME
JOB/PROGRAM		JOB/PROGRAM HOURS		DAYS OFF

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would like to be tested for Covid-19

[Signature]
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

See Attached

RESPONDER signature and stamp (all copies)
[Signature] J. WAYMAN, RN3, IPN

DATE and TIME

3-31-20 @ 1230 RECEIVED

Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

MAR 31 2020

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This fill and print form is for healthcare staff to initiate communication with patients. Patients are to use the 3-part NCR form to communicate with staff.

LAST NAME SLACK	FIRST NAME TOMMIE
DOC NUMBER 282904	FACILITY SCCC
UNIT/CELL G C 23	

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed in the patient's health record except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

TYPE OF RESPONSE

☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ OPTOMETRY
 ☐ OTHER: _____

☐ Schedule within _____ days/weeks/months
 ☐ Next available sick call
 ☐ No visit required

Mr. Slack : We are not screening asymptomatic individuals for Corona virus at this time. If you were to develop symptoms, you would be evaluated and treated as needed.

Currently we do not have any positive cases of Corona virus in staff or offenders here at SCCC.

Please continue to practice good hand washing and social distancing.

RESPONDER typed name and signature J. Wayman, RN3/IPN 	DATE 03/31/2020
---	---------------------------

Distribution: ORIGINAL – Health Record COPY – Patient

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME <i>Armstead</i>		FIRST NAME <i>Wendell</i>		
DOC NUMBER <i>867539</i>	FACILITY <i>S.C.C.</i>	UNIT/CELL <i>C-A # 08</i>	DATE <i>3/30/20</i>	TIME <i>11:10</i>
JOB/PROGRAM <i>Law Library</i>		JOB/PROGRAM HOURS	DAYS OFF <i>SAT. Sunday</i>	

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☒ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I would to be tested for the Covid-19 virus, because I have been around the T-Building infected staff Ms. Johnson.
Thank you very much for you time and Assist.
Have a nice day.

Wendell M. Armstead
PATIENT SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input checked="" type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
---	---	--

Please see attached.

RESPONDER signature and stamp (all copies)

DATE and TIME

J. Wayman RN3

J. WAYMAN, RN3, IPN

4/2/20

@ 0820
RECEIVED

Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

APR 02 2020

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

**HEALTH SERVICES KITE**

This fill and print form is for healthcare staff to initiate communication with patients.
Patients are to use the 3-part NCR form to communicate with staff.

LAST NAME ARMSTEAD	FIRST NAME WENDELL
DOC NUMBER 867539	FACILITY SCCC
UNIT/CELL G A 08	

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed in the patient's health record except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

TYPE OF RESPONSE

☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ OPTOMETRY
 ☐ OTHER: _____

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

Mr. Armstead : We are not screening asymptomatic individuals for Corona virus at this time. If you were to develop symptoms, you would be evaluated and treated as needed.

Currently we do not have any positive cases of Corona virus in staff or offenders here at SCCC.

Please continue to practice good hand washing and social distancing.

RESPONDER typed name and signature J. Wayman, RN3/IPN	DATE 04/02/2020
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Distribution: ORIGINAL – Health Record COPY – Patient

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



HEALTH SERVICES KITE

This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT

SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY

LAST NAME ROGERS		FIRST NAME DARYL	
DOC NUMBER 412163	FACILITY SLCC	UNIT/CELL 6C-10	DATE 3/30/20
JOB/PROGRAM KIOSK ROOM	JOB/PROGRAM HOURS 8:00 AM - 2:00 PM	DAYS OFF FRI-SAT	

If you feel you have an actual medical emergency, alert the staff and do not use this form.

TYPE OF REQUEST (check only one box per form)

- ☒ MEDICAL
 ☐ DENTAL
 ☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY
 ☐ OTHER: _____

REASON FOR REQUEST (list problem or medications needing refill)

I WOULD LIKE TO BE TESTED FOR THE COVID-19 ~~VIRUS~~ VIRUS AS I AM ASTHMATIC AND HAVE NOT EATEN SINCE JULY, WHICH GIVES ME A SEVERELY COMPROMISED IMMUNE SYSTEM. ADDITIONALLY I WAS IN THE T-BUILDING AROUND INFECTED STAFF (MS. JOHANSON AND MANY OTHERS) ON 3/26/20, 3/27/20 AND 3/30/20. FURTHER I'M IN G-UNIT A-POP WHERE QUARANTINE/ISOLATIONS DUE TO COVID-19 INFECTIONS ARE BEING HELD INFECTING THE G-UNIT POPULATION AND ALL OF SLCC. PLEASE AND THANK YOU.

DARYL ROGERS.

OFFENDER SIGNATURE

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

<input type="checkbox"/> Schedule within _____ days/weeks/months	<input type="checkbox"/> Next available sick call	<input type="checkbox"/> No visit required
--	---	--

See Attached

RESPONDER signature and stamp (all copies)

J. Wayman

J. WAYMAN, RN3, IPN

DATE and TIME

3-31-20 1230

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (RED) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keepsDistribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

RECEIVED
MAR 31 2020



HEALTH SERVICES KITE

This fill and print form is for healthcare staff to initiate communication with patients.
Patients are to use the 3-part NCR form to communicate with staff.

LAST NAME ROGERS	FIRST NAME DARYL
DOC NUMBER 412163	FACILITY SCCC
UNIT/CELL G C 10	

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed in the patient's health record except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

TYPE OF RESPONSE

☒ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH

☐ OPTOMETRY ☐ OTHER: _____

☐ Schedule within _____ days/weeks/months ☐ Next available sick call ☐ No visit required

Mr. Rogers : We are not screening asymptomatic individuals for Corona virus at this time. If you were to develop symptoms, you would be evaluated and treated as needed.

Currently we do not have any positive cases of Corona virus in staff or offenders here at SCCC.

Please continue to practice good hand washing and social distancing.

RESPONDER typed name and signature J. Wayman, RN3/IPN	DATE 03/31/2020
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Distribution: ORIGINAL – Health Record COPY – Patient

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

ATTACHMENT 2



0930

LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☒ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name Khan	First Tyler	Middle R	DOC Number 402023	Facility/Office SCCC	Unit/Cell 9C31
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COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX CITY, STATE ZIP CODE TELEPHONE

COMPLAINT: I want to be told how testing for the Covid-19 virus which is preventing the spread of the virus by not knowing who has it & who doesn't have it. You are legally making the exhaustion of this administrative remedy unavailable to me under the PIRA as to this is a serious life threatening issue affecting my future & current health. Stop denying us to be tested for the Covid-19 virus.

SUGGESTED REMEDY:

Same

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.
- ☐ Not accepted

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.)
- Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Coordinator's Name (print)

Coordinator's Signature

Date

ATTACHMENT 3



0845
9/1/2020

LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☒ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
Tarbert	Michael	W	937380	SCCC	G-44

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE
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COMPLAINT: How do you deem the full denial of prevention equipment during the international deadly covid-19 virus outbreak when this virus has caused an emergency emergency. Please explain how the ~~essential~~ ~~essential~~ necessary items help prevent spreading is non-emergent when people are dying on a daily basis for the past 45 plus days straight.

SUGGESTED REMEDY:

Same

Mandatory

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
- ☐ You requested to withdraw the complaint.
- ☐ You failed to respond to callout (sheet) on _____.
- ☐ Administratively Withdrawn _____.
- ☐ The formal grievance/appeal paperwork is being prepared.
- ☐ Not accepted

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
- ☐ Additional information and/or rewriting needed. (See below.)
- Return within 5 working days or by: _____.
- ☐ No rewrite received _____.
- ☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Coordinator's Name (print)

Coordinator's Signature

Date

ATTACHMENT 4



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P.O. Box 41100 • Olympia, Washington 98504-1110

April 3, 2020

TO: All Incarcerated Individuals

FROM: Julie Martin, Deputy Secretary *J. Martin*
Robert Herzog, Assistant Secretary *Robert Herzog*

RE: Issuance of N95 Respirators to Correctional Staff

The Washington Department of Corrections has begun to issue expired N95 respirators to staff who work closely with you who are housed in our state's correctional facilities and work release centers.

To date, there have been no positive test results for COVID-19 among those housed in Washington state correctional facilities and work release centers. One incarcerated individual who was housed in a community hospital contracted COVID-19 while housed outside the state correctional facility and has remained in the community hospital since that time. Currently, nine department staff have tested positive since the beginning of the COVID-19 outbreak.

The department understands that staff represent a point of vulnerability in potentially bringing COVID-19 within a correctional facility. The purpose of providing the N95 respirators is to reduce the chances for bringing COVID-19 into state correctional facilities and work release centers. Since the beginning of the COVID-19 outbreak, the Department has implemented screening for all persons entering facilities, implemented social distancing protocols, increased cleaning and disinfecting of all areas and limited visitor and volunteer access to facilities.

Today, the Centers for Disease Control (CDC) recommended face coverings in settings where other social distancing measures are difficult to maintain. Today's action by the Department represents the latest preventative and protective effort for all individuals.

The wearing of N95 respirators is for general use and is voluntary to staff at this time.

JM/RH/SS:jmc

cc: DOC COVID-19

"Working Together for SAFER Communities"



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
P.O. Box 41101 • Olympia, Washington 98504-1101

April 1, 2020

TO: All DOC Staff

FROM: Stephen Sinclair, Secretary [Signature on file]
Danielle Armbruster, Emergency Operations Center Manager [Signature on file]

SUBJECT: Updated Employee PPE Protocols for Patients on Isolation or Quarantine

In light of the response to COVID-19 and personal protective equipment guidelines, we have updated the information in this memorandum. The updates are in **bold and underlined**. This memorandum and attachments will be continuously updated as changes are made to PPE protocols.

The coronavirus (COVID-19) situation continues to evolve. It is critical to ensure procedures are in place to provide services as appropriate to individuals, while maintaining safe and secure environments. To assist all staff, a quick reference sheet and matrix is attached to appropriately identify personal protective equipment (PPE) for specific job types. The documents outline the activity, type of work and appropriate identified PPE. Staff have been trained on universal precautions and are reminded to follow established protocols.

Protocols are intended to assist custody staff in maintaining alignment with the most up-to-date version of *WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline*. For information about how Personal Protection Equipment (PPE) shall be utilized, please refer to the *WA Department of Corrections PPE Quick Reference Sheet*.

If equipment is not readily available in your work location, to request equipment:

- prison staff will work with their Incident Command Post;
- work release staff will work with work release supervisors; and
- community corrections staff will work with field administrators.

Where indicated, the N95 filter half-face respirator will be used by staff who have been medically cleared and fit tested. Staff are not authorized to use any respirator unless they

Updated Employee PPE Protocols for Patients on Isolation or Quarantine
April 1, 2020
Page 2

have been approved for use and fit tested. As a reminder, be sure to inspect each respirator prior to use, ensure it has not exceeded the manufacturer's expiration date, and is in good repair. This would include inspections of straps, nose piece and general integrity of the filtration system.

ISOLATION

Patients who test negative for COVID-19 will remain in isolation until they have been asymptomatic for 14 days, unless they have a documented or confirmed alternative diagnosis that explains their symptoms.

Isolated patients must wear a surgical mask any time they are outside of their cell.

Isolated patients are not to use the phone, or any other dayroom items (microwave, hot shot, etc).

Contact with individuals on isolation:

- N95 mask, eye protection, gown, and gloves needed in the following:
 - Contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic (cough or sneezing).
- Surgical mask, eye protection, gown, and gloves in the following:
 - When speaking with a symptomatic patient from outside of an isolation cell
 - Any contact with a patient who has tested negative for COVID-19 but remains on isolation
 - Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing.
- In the following situations PPE will be comprised of gloves:
 - Passing items through a closed door cuff port and NO face to face contact

Isolated patients shall be offered a minimum of one (1) shower per week after Day 7 in Isolation.

Showers being used by those on isolation shall be disinfected after each shower according to the manufacturer's guidelines. The janitor/porter cleaning the shower will need to wear: surgical mask, disposable gown, gloves and eye protection, if supplies are available at the facility. If appropriate PPE is not available at the facility, showers should be suspended.

QUARANTINE

Quarantine is for 14 days at a minimum, and refers to separating those who are NOT symptomatic, but who were exposed to someone who has symptoms of illness.

Any quarantined patient who develops symptoms will be immediately removed from quarantine and placed into isolation.

Quarantined patients may be housed alone or with other quarantined patients from the same

Updated Employee PPE Protocols for Patients on Isolation or Quarantine
April 1, 2020
Page 3

exposure.

Quarantined patients may NOT have any interactions with non-quarantined incarcerated individuals.

The following activities are approved for quarantined populations, as long as social distancing of at least six (6) feet is maintained for each activity:

- Outside recreation yards (no more than 50 individuals at a time)
- Day room use

All surfaces must be wiped down/cleaned after the quarantined patient(s) returns to their cell

FOR ALL ON EITHER ISOLATION OR QUARANTINE

COMMISSARY:

A memo will be distributed by DOC Prisons/Health Services Unified Command advising all incarcerated individuals that, if they are on isolation or quarantine status:

- Commissary orders will be submitted via paper form
- Microwaves WILL NOT be available to those on isolation.
- Microwaves will be available to those on quarantine.

Superintendents must define locations and processes for how commissary orders are to be delivered.

MISCELLANEOUS:

- All patients in isolation or quarantine shall be issued hygiene kits and new clothing as needed
- All patients in isolation or quarantine will receive meals in clamshells at cell-front
- Laundry from isolation or quarantine patients will be placed in yellow bags and transported in rice bags, and washed/treated separately as infectious laundry
- Staff or incarcerated individuals who clean rooms used for isolation or quarantine patients will need to wear PPE consisting of: Surgical mask, disposable gown, and gloves, and ensure the PPE is immediately removed and disposed of once cleaning is complete

SS/DA:eocjic

Attachments:

COVID-19 PPE Quick Reference

COVID-19 PPE Matrix

cc: DOC COVID-19

ATTACHMENT 5



83-31-20

1221 hrs.

LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☒ Emergency ☐ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
Bashaw	Tyler		402023	SCCC	G-Unit E-31

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE
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COMPLAINT: Today I recieved a new cellmate who came off the chain bus which per the WADOC official website their not suppose to be doing any transfers. I am in fear of my life due to my new cellmate not being quarantined while the Covid-19 virus is spreading uncontrollably. This is in violation of multiple state of emergency orders set by Governor Inslee & the 6 ft social distancing rule.

COPY

SUGGESTED REMEDY:

Stop all transfers, move my cellmate to quarantine ~~every minute~~ ~~for every minute~~ this non quarantined individual has been in my cell. Mandatory ~~3-31-2020~~

Signature

Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____
☐ Administratively Withdrawn _____
☐ The formal grievance/appeal paperwork is being prepared.
☐ Not accepted

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.)
 Return within 5 working days or by: _____
☐ No rewrite received _____
☐ Sent to _____ (facility) on _____ (date).

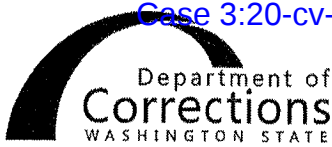
EXPLANATION:

Per Grievance Coordinator Dahne this is non-emergent. Process as initial. Sgt. Howard, T

Coordinator's Name (print)

Coordinator's Signature

Date

03-31-20
Deneb 1302

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☒ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name Bashaw	First Tyler	Middle	DOC Number 402023	Facility/Office SCCC	Unit/Cell G-Unit C-31
---------------------	----------------	--------	----------------------	-------------------------	--------------------------

COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE
-------------------------------------	-------------	----------	-----------

COMPLAINT: To be clear you are deeming the Covid-19 virus a non-emergency & putting my immediate & future health in danger by housing me with a new cellmate who could be potentially carrying the Covid-19 virus. Your lack of taking proper prevention measures to maintain the safety & security of the SCCC population especially as to your own official website states your taking all the precautions that you are currently violating.

COPY

SUGGESTED REMEDY:

Same

Mandatory

Signature

3-31-20
Date

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____.
☐ Administratively Withdrawn _____.
☐ The formal grievance/appeal paperwork is being prepared.
☐ Not accepted

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.)
 Return within 5 working days or by: _____.
☐ No rewrite received _____.
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Per Grievance Coordinator Dahne. This is a duplicate. Non-appealable. Sgt. Hansen, T

Coordinator's Name (print)

Coordinator's Signature

Date

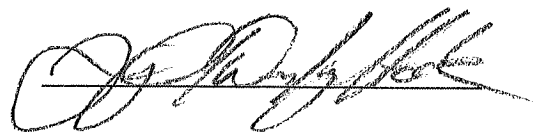
GENERAL AFFIDAVIT

COMES NOW, Jean Paul Wesley Hark resident of Stafford Creek Corrections
County of Grays Harbor, State of Washington and who
makes this his/her statement and General Affidavit upon oath and affirmation of
belief and personal knowledge that the following matters, facts and things set
forth are true and correct to the best of his/her knowledge:

With the recent events of "Covid 19" the rules
of social distancing have been implemented
here at Stafford Creek. During this time the
issue has been raised about the Corrections
officers enforcing these rules among the inmate
population but not abiding by the social
distancing rules themselves. Clusters of officers
standing in close proximity has and continues
to be seen all around the facility.

This is concerning in the degree that the threat of
the contraction of Covid 19 in the facility could only
come from the negligence of these staff members
choosing not to follow these rules of social distancing.

WITNESS my signature, this the 28 day of March, 2020.

A handwritten signature in black ink, appearing to be "D. R. [unclear]", written over a horizontal line.

Signature of Affiant

GENERAL AFFIDAVIT

COMES NOW, Tremayne Reed, resident of Stafford Creek,
County of Gray's Harbor, State of Washington and who
makes this his/her statement and General Affidavit upon oath and affirmation of
belief and personal knowledge that the following matters, facts and things set
forth are true and correct to the best of his/her knowledge:

Social distancing procedures have been implemented facility wide and yet, the staff themselves are in direct violation of these procedures by clustering up, not distancing themselves, and putting everyone in extreme risk. There are claims that there are no covid-19 cases within D.O.C and this institution but yet, there are 3 people being quarantined in C Unit, and no one has been tested to confirm or deny these infected cases or individuals.

WITNESS my signature, this the 27th day of March, 2020.

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke, positioned above a solid horizontal line.

Signature of Affiant

To: Court Clerk

From:

Case No:

Date:

RE: Declaration of Jeffrey Thomas
(Print name here)

I hereby declare:

Due to the terrifying and alarming COVID-19 virus pandemic, along with multiple Stafford Creek Corrections Center(SCCC) staff testing positive for the COVID-19 virus, and myself having symptoms of the COVID-19 virus, I was placed in quarantine/isolation in SCCC's G-Unit, which is a general population unit that houses hundreds of prisoners.

In addition to being housed in a general population unit while having symptoms of the COVID-19 virus, I am being quarantined/isolated approximately three(3) feet from the general G-Unit population. This approximated barrier is defined with a yellow stripe taped to the floor three(3) feet from my cell door. The exhaust vent in my cell is connected to, and a part of, the circulating air system throughout all of G-Unit. After the general population is locked in for the night, and after the unit cleaning crew has disinfected the unit with cleaners that are not on the official cleaner list appropriate for the COVID-19 virus, I am let out of my cell to use the very same showers, phones, OMNI kiosk, JPay kiosks, and microwaves as the rest of the healthy prisoners. This leaves the next users of these items (G-Unit population) highly susceptible to contracting the COVID-19 virus, due to the fact that the virus lives on various surfaces for up to a few weeks.

I personally believe that SCCC staff has mishandled this COVID-19 virus pandemic at every turn. They have endangered the lives of myself, the G-Unit prisoners, and every other prisoner in the entire SCCC facility with their careless actions, due to the fact that the highly vulnerable G-Unit prisoners, as well as all other prisoners, still go to the chow hall, law library, religious services, phones in the yard areas, work in the HUB, work in the kitchen, use the other restrooms throughout the SCCC campus, and more. Their actions are reckless and endanger too many precious lives.

I swear under oath, with penalty of perjury, that the above is true and correct.

Signed by, Jeffrey Thomas

To: Court Clerk

From:

Case No:

Date:

RE: Declaration of Isaiah Summers 368847
(Print name here)

I hereby declare:

Due to the terrifying and alarming COVID-19 virus pandemic, along with multiple Stafford Creek Corrections Center(SCCC) staff testing positive for the COVID-19 virus, and myself having symptoms of the COVID-19 virus, I was placed in quarantine/isolation in SCCC's G-Unit, which is a general population unit that houses hundreds of prisoners.

In addition to being housed in a general population unit while having symptoms of the COVID-19 virus, I am being quarantined/isolated approximately three(3) feet from the general G-Unit population. This approximated barrier is defined with a yellow stripe taped to the floor three(3) feet from my cell door. The exhaust vent in my cell is connected to, and a part of, the circulating air system throughout all of G-Unit. After the general population is locked in for the night, and after the unit cleaning crew has disinfected the unit with cleaners that are not on the official cleaner list appropriate for the COVID-19 virus, I am let out of my cell to use the very same showers, phones, OMNI kiosk, JPay kiosks, and microwaves as the rest of the healthy prisoners. This leaves the next users of these items (G-Unit population) highly susceptible to contracting the COVID-19 virus, due to the fact that the virus lives on various surfaces for up to a few weeks.

I personally believe that SCCC staff has mishandled this COVID-19 virus pandemic at every turn. They have endangered the lives of myself, the G-Unit prisoners, and every other prisoner in the entire SCCC facility with their careless actions, due to the fact that the highly vulnerable G-Unit prisoners, as well as all other prisoners, still go to the chow hall, law library, religious services, phones in the yard areas, work in the HUB, work in the kitchen, use the other restrooms throughout the SCCC campus, and more. Their actions are reckless and endanger too many precious lives.

I swear under oath, with penalty of perjury, that the above is true and correct.

Signed by, Summers

To: Court Clerk
From: JOHN C. MOWER JR
~~Doc~~ No: 856447
Date: 4-1-2020
RE: Declaration of JOHN C. MOWER JR
(Print name here)

I hereby declare:

Due to the terrifying and alarming COVID-19 virus pandemic, along with multiple Stafford Creek Corrections Center(SCCC) staff testing positive for the COVID-19 virus, and myself having symptoms of the COVID-19 virus, I was placed in quarantine/isolation in SCCC's G-Unit, which is a general population unit that houses hundreds of prisoners.

In addition to being housed in a general population unit while having symptoms of the COVID-19 virus, I am being quarantined/isolated approximately three(3) feet from the general G-Unit population. This approximated barrier is defined with a yellow stripe taped to the floor three(3) feet from my cell door. The exhaust vent in my cell is connected to, and a part of, the circulating air system throughout all of G-Unit. After the general population is locked in for the night, and after the unit cleaning crew has disinfected the unit with cleaners that are not on the official cleaner list appropriate for the COVID-19 virus, I am let out of my cell to use the very same showers, phones, OMNI kiosk, JPay kiosks, and microwaves as the rest of the healthy prisoners. This leaves the next users of these items (G-Unit population) highly susceptible to contracting the COVID-19 virus, due to the fact that the virus lives on various surfaces for up to a few weeks.

I personally believe that SCCC staff has mishandled this COVID-19 virus pandemic at every turn. They have endangered the lives of myself, the G-Unit prisoners, and every other prisoner in the entire SCCC facility with their careless actions, due to the fact that the highly vulnerable G-Unit prisoners, as well as all other prisoners, still go to the chow hall, law library, religious services, phones in the yard areas, work in the HUB, work in the kitchen, use the other restrooms throughout the SCCC campus, and more. Their actions are reckless and endanger too many precious lives.

I swear under oath, with penalty of perjury, that the above is true and correct.

Signed by, 

ATTACHMENT 6

ATTACHMENT 7

Who is at risk for novel coronavirus?

Currently the risk to the general public is low. At this time, there are a small number of individual cases in the U.S. To minimize the risk of spread, health officials are working with healthcare providers to promptly identify and evaluate any suspected cases.

Travelers to and from certain areas of the world may be at increased risk. Although coronavirus originated geographically in Wuhan, China, the disease is not specific to any ethnic group. **Chinese ancestry – or any other ancestry – does not make a person more vulnerable to this illness.**

How can I protect myself from novel coronavirus?

If you are traveling overseas (to China but also to other places) follow the CDC's guidance: wwwnc.cdc.gov/travel.

Right now, the novel coronavirus has not been spreading widely in the United States, so there are no additional precautions recommended for the general public. Steps you can take to prevent spread of flu and the common cold will also help prevent coronavirus:

- wash hands often with soap and water. If not available, use hand sanitizer.
- avoid touching your eyes, nose, or mouth with unwashed hands.
- avoid contact with people who are sick.
- stay home while you are sick and avoid close contact with others.
- cover your mouth/nose with a tissue or sleeve when coughing or sneezing.



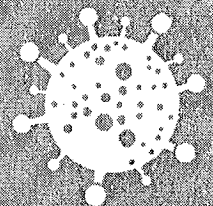
Currently, there are no vaccines available to prevent novel coronavirus infections.

How is novel coronavirus treated?

There are no medications specifically approved for coronavirus. Most people with mild coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, some cases develop pneumonia and require medical care or hospitalization.

For more information: www.kingcounty.gov/covid

Updated 2/19/2020

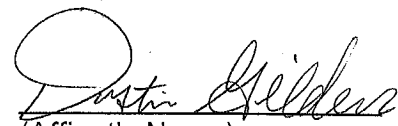


ATTACHMENT 8

AFFIDAVIT

STATE OF WASHINGTON)
) ss:
COUNTY OF Greys Harbor

I, Dustin Gilders D.O.C. 419489, declare under penalty of perjury that the following statements within this affidavit are true and correct to the best of my knowledge and has been executed on this 3rd day of April, 2020, at Stafford Creek Corrections Center in the County of Greys Harbor, Washington: I held a job in the Kitchen at SCCC between the dates of 12 DEC 19 & 19 MAR 20, and while I was there, there was no dishwasher machines in the areas we were cleaning off dishes, pots & pans. In those specific areas, there was a consistent outbreak of Black Mold growing along the walls & damp crevices. When the COVID-19 virus arrived here at SCCC, there was still Black Mold in the aforementioned areas, causing the Health of the SCCC populous to be further at risk, in violation of our 8th Amendment Rights & in violation of multiple state laws. Today, I filed an Emergency Grievance about both the Black Mold in the kitchen & the COVID-19 virus, to be told it was a non-emergency issue.


(Affiant's Name)

Affidavit pursuant to 28 U.S.C. 1746, Dickerson v. Wainwright, 626 F.2d 1184 (1980); Affidavit sworn as true and correct under penalty of perjury and has full force of law and does not have to be verified by Notary Public.



LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☒ Emergency ☐ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name Gilders	First Dustin	Middle W.	DOC Number 419489	Facility/Office SCCC	Unit/Cell GA-C14
COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.					
MAILING ADDRESS: STREET OR P.O. BOX			CITY, STATE	ZIP CODE	TELEPHONE
<p>COMPLAINT: I wish to grieve the SCCC kitchen for failing to clean the Black Mold, which is giving us an immediate Health Risk, on top of being compounded with the current & rampant COVID-19 virus that has been circulating around the SCCC Compound. This affects me & the rest of the SCCC populous 3 times a day, as we eat off these contaminated trays that get cleaned off in the Mold-infested areas, putting our lives in danger.</p> <p>SUGGESTED REMEDY: Clean up the Black Mold, & provide us a working dishwasher, plus \$2,000,000.</p>					
Mandatory <u>Dustin Gilders</u>				Date <u>3 APR 2020</u>	
Signature				Date	

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- ☐ It is not a grievable issue.
☐ You requested to withdraw the complaint.
☐ You failed to respond to callout (sheet) on _____.
☐ Administratively Withdrawn _____.
☐ The formal grievance/appeal paperwork is being prepared.
☐ Not accepted

Facility/Office

Date Received

- ☐ The complaint was resolved informally.
☐ Additional information and/or rewriting needed. (See below.)
 Return within 5 working days or by: _____.
☐ No rewrite received _____.
☐ Sent to _____ (facility) on _____ (date).

EXPLANATION:

Coordinator's Name (print)

Coordinator's Signature

Date



LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE: ☐ Initial ☒ Emergency ☒ Appeal ☐ Rewrite

RESIDENTIAL FACILITIES: Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

NOTE: Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

Last Name <i>Gilders</i>	First <i>Dustin</i>	Middle <i>W</i>	DOC Number <i>419489</i>	Facility/Office <i>SCCC</i>	Unit/Cell <i>GA-C14</i>
COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.					
MAILING ADDRESS: STREET OR P.O. BOX		CITY, STATE		ZIP CODE	TELEPHONE
COMPLAINT: Please explain how me, as well as the rest of the <u>SCCC</u> populous, eating off of potentially-contaminated trays, in addition w/ the rampant COVID-19 virus, is <u>not</u> an emergency. This is literally putting the lives of <u>All</u> the <u>SCCC</u> prisoners at risk on a constant daily basis. This is a flagrant & extreme violation of our 8 th Amendment Rights in the U.S. Constitution.					
SUGGESTED REMEDY: <i>Deem this an emergency, as required per policy.</i>					
Mandatory Signature <i>Dustin Gilders</i>				Date <i>3 APR 2020</i>	

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout (sheet) on _____. <input type="checkbox"/> Administratively Withdrawn _____. <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared. <input type="checkbox"/> Not accepted		Facility/Office Date Received <input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____. <input type="checkbox"/> No rewrite received _____. <input type="checkbox"/> Sent to _____ (facility) on _____ (date).
EXPLANATION:		
Coordinator's Name (print)		
Coordinator's Signature		
Date		

AFFIDAVIT

STATE OF WASHINGTON)

) ss:

COUNTY OF Grays Harbor

I, Colt Borgeson #366756, declare under penalty of perjury that the following statements within this affidavit are true and correct to the best of my knowledge and has been executed on this 4th day of April, 2020, at Stafford Creek Corrections Center in the County

of Aberdeen, Washington:

I worked in the Kitchen at SCCC off and on From 12/19 to 3/20 in that time I Have witnessed rust on or near tables where food is prepared. AC Brady work without a hair net. AC Keith work without a Bread net. in the dish pit were clo downy get upon The Edge were The Sanitized dishes being washed with dirty boots. I've witness staff come right in to work not wash thier Hands and touch Food. offenders that wash not be given ~~the~~ ^{the} supplies needed to clean and Sanitize the right way lack of Soap, Hot water, Sifter supplies, Cross contamination is a ongoing problem. Sanitation is a problem. 40's and AC's Chewing tobacco and Spitting in Sniffs and cups right next to Food that goes off for mainline. I've seen Black mold throughout The kitchen and I myself told AC's about it nothing done about it.

(Affiant's Name)

Colt Borgeson

366756

Affidavit pursuant to 28 U.S.C. 1746, Dickerson v. Wainwright, 626 F.2d 1184 (1980); Affidavit sworn as true and correct under penalty of perjury and has full force of law and does not have to be verified by Notary Public.

ATTACHMENT 9

NO. 2 LEAVE IN-Resource Room

COVID-19 Tier Rep Meeting

March 20, 2020 12:30

10K2

Units Represented by:

G – George Russell 290588

H1 – Yoshio White 633518

H2 – Michael Rhem 723868

H3 – Kevin Boot 748979

H4 – Mauricio Paige-Coulter 758532

H5 – Garridan Nelson 739166

H6 – Jimmie Hartfield 366099

Staff: Superintendent Haynes, Associate Superintendent Penrose, CUS Jim Jolly, CUS Kendra Wakefield, AA3 Teasha Bundy

Offenders are concerned about if there is any timeline for Visitation to open back up? It is unknown when it will be reinstated. A lot of the visitors to our facility come from the "hot spots" King County, Pierce County and such.

Is COVID-19 in our facility now? As of now it is not here, we had one offender tested that tested negative. As far as we know there is no one incarcerated in Washington State that has tested positive as of now.

HQ is going to send down some guidelines from the EOC to implement Social Distancing, we will have to figure out how to make it work at a facility level. Constant changes coming for all of our safety.

HQ/Health Services/DOH are all working together and working with CDCs recommendations to figure out the best way to keep everyone safe.

Tier reps asked to tell their units PLEASE stop hugging, stop shaking hands, stay 6-12 feet apart as much as possible. Practice social distancing whenever you can, COVID is very contagious and spreads rapidly.

We are doing all we can to keep population and staff safe, additional cleaning, stopping visitation. We have an elderly population and we are doing all we can to keep COVID out of SCCC. There is a 2 step screening process for staff that they have to pass to even be able to come into the facility. There are very few tests available anywhere, even staff are not able to get tested outside of the facility.

Hepastat has been proven to work just as well as bleach. Offenders were encouraged if they are bored, grab a rag and some Hepastat and start cleaning.

Going to do everything we can to prevent a lockdown. Going to slow down mainline, limit recreation, limit access to facility as much as possible to try to keep the facility moving.

We have upped hours for JPay from 2 hours a day to 4 to try to give everyone a chance to keep in contact with their loved ones. Keeping the phones open, try to keep spread out on phones, limit use to dayrooms to keep less people. Wipe phones, kiosks, etc after every use.

Currently no treatment for COVID, just self-quarantine.

ATTACHMENT **11**

ACCESS TO MANDATORY SAVINGS FOR REENTRY/EMERGENCY EXPENSES

I. Reentry activities

- A. Approved educational courses and programs
- B. Vocational tools and equipment
- C. A class fee or tuition for an upcoming class that must be paid before release
- D. Necessary medical equipment to replace Department owned equipment that will not leave the facility upon release (e.g., medical supplies, wheelchairs, canes, walkers, oxygen)
- E. Additional funds for transportation beyond the state provided bus ticket (e.g., plane or train tickets)
- F. Funds to secure housing (e.g., first month's rent, deposit)
- G. Payment for warrants or traffic offenses that must be cleared upon release
- H. Funds for court ordered classes (e.g., Department of Social and Health Services parenting classes) required before reuniting with children
- I. Union dues
- J. Re-certification or licensing fees
- K. Approved outside medical services
- L. Funds in lieu of a Community Services Revolving Fund (CSRFB) loan
- M. Funds to pay existing Legal Financial Obligations (LFOs) and/or Cost of Supervision (COS)/supervision intake fees
- N. Application fee for out-of-state transfer under the Interstate Compact
- O. Eyeglasses (e.g., prescription glasses, Over the Counter reading glasses)

II. Emergency expenses relating to:

- A. Death of immediate family member
- B. Medical needs of immediate family member
- C. Providing essential support during or relating to a natural disaster affecting immediate family
- D. Escorted funeral/deathbed trip

IV. RELIEF

State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

① All quarantine prisoners at SCCC to be housed in F-Unit away
from population prisoners ② \$5,000,000 ③ SCCC to start providing
us with all necessary cleaning supplies to prevent Covid-19 ④ Stop
all transfers during the Covid-19 outbreak unless the individual has

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

4/6/20
 Dated

(see Attached)
 Plaintiff's Signature

tested negative for the Covid-19 virus ⑤ Start releasing prisoners with 18 months or less, prisoners who have completed a 20 year plus sentence & or review them for release, all low risk prisoners, & all prisoners who have health risks making them more susceptible to the Covid-19 virus.

COPY

To:

From: Stafford Creek Corrections Center(SCCC) Prisoners

Date:

RE: Petition against Cruel and Unusual Punishment under the harsh Conditions of Confinement at SCCC due to the COVID-19 virus pandemic.

We, the prisoners of SCCC hereby declare:

That SCCC staff members are not taking reasonable measures to guarantee the safety and security of prisoners housed at SCCC. This is a direct violation of the Eighth Amendment of the United States Constitution prohibiting cruel and unusual punishment. This prohibition of cruel and unusual punishment also includes harsh conditions of confinement that the SCCC prisoner population has been subjected to and stems from the COVID-19 virus global pandemic that has terrorized the State of Washington since January, 2020. Some of the cruel and unusual punishments and harsh conditions the SCCC prisoners are experiencing include, but are not limited to:

- Depriving prisoners of a proper and adequately safe environment.
- Depriving prisoners of sufficient COVID-19 approved cleaning materials and supplies, as recommended by our state and national governments.
- Depriving prisoners of Personal Protection Equipment(PPE), hand sanitizer, and COVID-19 approved sanitizing solutions.
- Not providing proper testing for SCCC staff and depriving prisoners of any testing.
- Not providing proper isolation/quarantine for ^{Prisoners with} COVID-19 ~~symptoms~~, as they are being housed with the general population of SCCC prisoners.
- Staff not following proper or adequate COVID-19 protocol, such as, social distancing between each other, PPE, etc.
- Depriving prisoners access to their mandatory savings per policy 200.000, which allows prisoners to send funds to their immediate family to help provide essential support during a natural disaster.

In direct violation of the Eighth Amendment, the SCCC staff have exhibited gross negligence and deliberate indifference toward the severe and detrimental medical needs, as well as the safety and security, of all SCCC prisoners during this global pandemic caused by the COVID-19 virus. The extreme deprivations caused by the SCCC staff are currently creating an environment that is

COPY

unsafe and inhumane. These harsh conditions effectively amount to a death sentence for many prisoners; none of which were sentenced to death, as the death penalty is illegal in the State of Washington, branded as cruel and unusual punishment.

With the many egregious violations of the Eighth Amendment listed above, we, the prisoners of SCCC respectfully request:

1) Staff wearing proper prevention attire

Since the COVID-19 National Emergency in the State of Washington, the majority of SCCC staff have taken zero (0) precautionary measures in wearing the proper Personal Protection Equipment(PPE) especially in G-Unit where they are currently housing prisoners with the COVID-19 virus. Additionally, staff have not been practicing social distancing among themselves, nor around the prisoners. This results in a high fear among us, as we continue to have more SCCC prisoners infected due to their failure to prevent the virus from spreading, in violation of the Eighth Amendment.

2) Testing all inmates for COVID-19 free of charge

Effective immediately, every inmate currently housed in the Washington Department of Corrections(WADOC) shall be tested for COVID-19 for free to prevent further spreading of this contagious virus that has the effect to completely eradicate the prison population. The known memetics spread by being passed from person to person in the same way that genes spread by being passed down through sperm & egg. The COVID virus is winning the biological battle by successfully penetrating the human body's immune system and has spread globally.

3) Report all staff like DHO LaRue, Secretary Johanson, her husband, and Visitroom SGT. Smith & all other staff who've tested positive for COVID-19, but still came around the S.C.C.C. population inmates.

Effective immediately, all WADOC staff members, personnel, employees, & contracted workers must be tested for the COVID-19 virus to prevent the spreading of this deadly virus. They have not been following the President of the United States & the Washington State Governor's State of Emergency Executive Order/Declaration of a Global Pandemic. Staff like DHO LaRue and others, knowingly had symptoms of COVID-19 and still conducted work duties around other staff and prisoners. This has caused SCCC prisoners to have these same symptoms, yet receive no testing.

COPY

4) Giving us inmates the proper PPE & cleaning gear/supplies

Effective immediately, we inmates are to receive 24 hour access to bleach, hand sanitizer, gloves, mask/supplemental equipment, new sheets & blankets (passed out door to door). This will help prevent contamination, their failure to do so now is violating our Eighth Amendment rights, especially given the fact that WADOC is posting on their website that they are giving us these items, when in fact, they are NOT!!!

5) Stop all institutional transfers from facility to facility, cell to cell, & unit to unit

Effective immediately, stop all transferring of inmates from prison to prison, cell to cell (in unit cell moves), & unit to unit. This is per the Governor's Executive Order that WADOC has refused to follow.

6) Stop the housing of symptomatic or infected inmates in general population

Effective immediately, all inmates with the COVID-19 virus need to be removed from G-Unit and all other general population area at SCCC.

7) Release adequate number of inmates until single housing is available for all SCCC inmates

Effective immediately, based on information provided by medical professionals and Wasington County Jails that have released inmates and gone to single man cells, the immediate depopulation of SCCC inmates with pre-existing illnesses, compromised immune systems, juveniles, 60+ years of age, less than 5 years remaining on their sentence to reduce the SCCC inmate population to single man housing to prevent further spreading of the contagious COVID-19 virus, to gain a safe and secure environment for all inmates and staff members. To assist in this decision making process, per Bill 5818, passed February 2019, it states that offenders that have served at least 20 years on a murder offense and at least 15 years on a sex offense, can petition the Post Conviction Review Board to have their sentence commuted to time served.

COPY

8) Refusing inmates to send out mandatory savings fund money to family & friends during this State of Emergency Global Pandemic for essential needs

Effective immediately, the release of any mandatory savings for essential support to our family, friends, and/or organizations that are in need of assistance during this Global COVID-19 virus Pandemic.

9) Provide all prisoners with \$50 a month starting from March for needs due to COVID-19 Global Pandemic

Effective immediately, provide all SCCC inmates with \$50.00 a month (minus the mandatory deductions), due to the decrease in job availability caused by the State of Emergency COVID-19 Global Pandemic. This is to help provide essential needs that are not being provided by SCCC.

10) Sanitation for kitchen & dining area

Effective immediately, all kitchen and dining areas must be sanitized three (3) times a day with bleach, due to the infected kitchen staff being removed from his position due to the COVID-19 virus. Also, we need an industrial dishwasher installed to help with the proper sanitation of all dishes, utensils, pots & pans. At this current moment, we do not have any of these things being provided by SCCC.

AS WELL AS THE black mold found throughout the kitchen and dining areas where inmates work and eat, which is unsafe, ~~is unsafe~~, and inhumane and directly violates inmates Eighth Amendment rights.

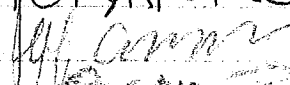
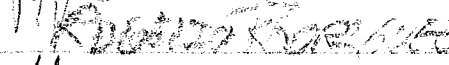
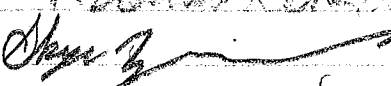
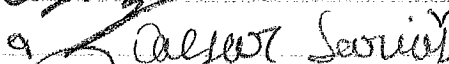
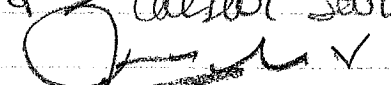



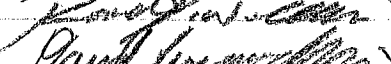
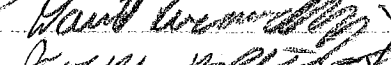


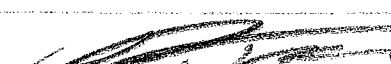
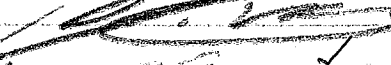
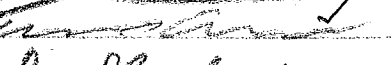

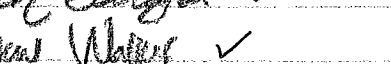









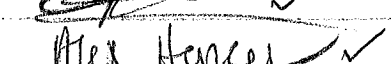


We, the SCCC prisoners housed in G-Unit A-Pod, which is the general population Unit/Pod being used for COVID-19 quarantines and isolations, humbly and firmly, request your immediate assistance in the prevention of the further spread of COVID-19 at SCCC. The SCCC staff have been housing the COVID-19 infected inmates in this fully populated Unit/Pod since the middle of February, when there is an entire section of a Closed Custody Unit, F-Unit, that sits vacant. By housing the COVID-19 infected inmates in this fully populated G-Unit/A-Pod, SCCC staff has directly endangered the lives of multiple inmates that are 60+ years of age, have underlying medical issues, and compromised immune systems (asthma, cancer remission, malnutrition, etc.). It is for all reasons discussed in this document, that we plead with you to release inmates to thin the population, and force SCCC staff to adhere to the proper and adequate standards of prevention, to limit the spread of this horrific global pandemic.

Enclosed you will find signatures from the many general population inmates in G-Unit and sworn declarations from some of the quarantined inmates, that have all been affected by SCCC's gross negligence and deliberate indifference. We implore you to act on our behalf and rectify this situation. We thank you in advance for your time and assistance in this matter. It is greatly appreciated.

Humbly and Respectfully,

Wendell M. Armstead Jr.

SIGNATURE LIST. for CLASS ACTION. COVIDA / HEALTH endangerment.

PRINT NAME	D.O.C. #	SIGNATURE
Jeff Anderson	881983	
KOBELIO RODRIGUEZ	345218	
SKYler Zimmerle	386249	
Larios-Vargas Caesar	379739	
Montano JESUS	407216	
Shawn Delacruz	376117	
Brandon Jewell	341160	
Zandy Ellis	392810	
David Ricardoz	368177	
Gerald Marier	365904	
Michael Pella Age 64	628359	
mostey, Nathaniel Age 34	340153	
Anderson Vazquez	367961	
SETH LLOYD Asthma	892158	
Mathew Walker	347489	
Terrill For	367116	
Igor Sanchez	481935	
Anthony Hauk	414664	
Jason Hillstrom	351344	
Scott Casimiro	400841	
Daniel Marter	336297	
Christopher Brown	378020	
Alexander J Hensey	#420890	
Wahid Mohammed	#366376	
Cobbe Weston	#326775	
ALEX ACEBEDO, MEDRANO		
Estefan Sampson	409613	
Marshall Lewis	341910	
Kasey Chapin	358324	

2nd SIGNATURE SHEET FOR CLASS ACTION;

ANTHONY DAVIS #259315 Anthony Davis ✓

Sean Stevenson #930936 Sean Stevenson ✓

Eric A. Little #755738 Eric A. Little ✓

Paul T. Makosky #896293 Paul T. Makosky ✓

Levi's Southard #342426 Levi's Southard ✓

Kailebh Z. Hallock #416067 Kailebh Hallock ✓

Marco Santiago #896177

Travis #418057

Lane #419036

JOSE Lopez #411726

Marx Coonrod #839750

Gary Noble #975705

Steve Speakman #297346

Terrad Johnson #368823

DONALD G. ALBERT #901522 D. G. Albert ✓

Tony Randazzo #836944 ✓

MARSON MARC #858488

Devlin Gagon #413357

CASEY WOODSON DOC #249576

Bobby D. Colbert #879561

Bobby D. Colbert ✓

Matthew L. Mittelstaedt #791223

Tyson J. Householder #883366

Timothy HANNESS #865630

Clarence ADIAZ #730942

Paul Titq #400402

Thomas Pleasant #936385

Robert Wentz #795579

Garrett Kirkwood #318237

RYAN WARD #359091

Jeremy Bryce 402619

Jeremy CHAR TARNER #82233

Travis Hult 361017

Chris Brown 378020

SETH LLOYD #892158

David Morse 852839

LEEROY RAMIREZ #401913

Bobby McHaffey 404251

Cecilio Ancheta #314447

Tremayne Keed 829485

Tijuan Henry 896610

JOAN Bell F. 727080

Colt Borgeson 366756

Stephen Reichow 399068

SYVE RICHARDSON 719447

KENNETH LEULUALII 990551

Michael Trevino 908856

Luis Farias 787477

Bobby Lee Lyons #286193 Bobby Lyons

Wendell M. Armistead #867539 *Wendell M. Armistead* ✓
 JASON B TIFFIN #740259 *Jason Tiffin* ✓
 Kareem A Babbs #420365 *K Babbs* ✓
 Julian M Williams #406243 *Julius* ✓
 Jesus D Montano #407216 *Jesus* ✓
 Christian Gibson #402153 *Chris Gibson* ✓
 Ryan Morgan #864802 *Ryan Morgan* ✓
 Luis Farias #787477 *Luis Farias* ✓
 William Ward #350114 *William Ward* ✓
 BRIAN STORER #416168 *Brian Storer* ✓
 ROGER SPIKE-LIKE #309677 *Roger Spike-Like* ✓
 Travis Engelen #376445 *Travis Engelen* ✓
 Justin T. Dull Doc #377090 *Justin T. Dull* ✓
 Tyler R Basham #402023 *Tyler R Basham* ✓
 HENRY CASTILLO #411989 *Henry Castillo* ✓
 Kyntrel Jackson #355843 *Kyntrel Jackson* ✓
 MARLON BURNS #728947 *Marlon Burns* ✓
 Adam Reynolds 409176 *Adam Reynolds* ✓
 ANYONE OJERINOLA 421544 *Antyon Ojerinola* ✓
 Channing Uchendu 378722 *Channing Uchendu* ✓
 Joshua Jones 313497 *Joshua Jones* ✓
 James Lewis 917662 *James Lewis* ✓
 Lowell Lowe 855988 *Lowell Lowe* 3/24/2020 ✓
 Asten Fieger #421118 *Asten Fieger* ✓
 Michael Stevenson #378666 *Michael Stevenson* ✓
 Jason M. Giles #793670 *Jason M. Giles* ✓
 Jylor J. Sanchez #421535 *Jylor J. Sanchez* ✓
 Connor Bloom #421287 *Connor Bloom* ✓
 Scott Cartier #355340 *Scott Cartier* ✓
 Monty Burnham #979665 *Monty Burnham* ✓
 Wendell Clark #4116403 *Wendell Clark* ✓
 Robert May #416984 *Robert May* ✓
 Dustin Gilders #419489 *Dustin Gilders* ✓

Carlos Jaime-McDougal #404168

Carlos Jaime-McDougal ✓

Arthur McKinnon #809400

Arthur McKinnon ✓

Devin Gagon 413357

Devin Gagon ✓

~~Ray Lee Reed~~ 906170

Ray Lee Reed ✓

~~Airley Hood~~ 472937

Airley Hood ✓

Tory Randazzo 836944 Doc#

Tory Randazzo ✓

Lennie Woods #400407

Lennie Woods ✓

Jose Williams #412984

Jose Williams ✓

Jarrod L Jones #317498

Jarrod L Jones ✓

Tommie Slack 282904

Tommie Slack ✓

DARYL ROGERS 912163

DARYL ROGERS ✓

Terrell L. Wilson 810623

Terrell L. Wilson ✓

MR. DAVID O. LEWIS 781870

MR. DAVID O. LEWIS ✓

Adams Kinard, Kenan 380504

Adams Kinard, Kenan ✓

NO. II - LEAVEN - Resource Room
2012

Isolation is for individuals showing symptoms. Quarantine is for individuals who have been around those that need isolated.

Told to make sure to wash hands frequently, disinfect everything. Haynes/Penrose going to ask about upping the number of bars of soap that can be bought off of store.

So far there is no sign of store having to shut down. Mr. Herzog is going to try to keep everything going as much as possible while remaining safe. So far we are still getting deliveries

Tier reps were told to talk to their units, take notes, write questions, send them up to us. If there are questions from the population bring to unit CUS's or send kiosk to Associate Van Ogle's box.

Won't be sharing full pandemic plan with offenders, most of it is just an explanation of what it covers to keep the prison running. We will send out a plan for schedule of movements that will be communicated with the population.

Plan coming out today that will have more information on Recreation being limited whether just the gym or yard also. Keep 6-12 feet spacing as much as possible. If weight decks are shut down we will ask about doing something with the pay, whether it is refund next quarter that has already been paid or giving a credit of sorts.

Everyone coming in on chains and transfers are being screened. HQ is looking at the different transfers, no answer on how they are going to handle them so far.

HQ is running this show, every facility is getting the same guidelines so they can all be uniform.

We are sending HQ questions from the facility on a daily basis.

Asked about considering doing movies on other channels to help boost morale, they are very expensive, right now medical supplies is where all of our money is going. We will look into it though. COVID shouldn't affect our TV Voting anymore than it already is with Comcast's issues.

Talked about how the offenders aren't thinking of the seriousness of this, they see it on TV, hear about it when they talk to their people but they aren't seeing it in front of them so it's easy to not understand how serious it could be.

Encourage others to self report any symptoms. If you are not feeling well, say something. Symptoms are cough, shortness of breath, sore throat, fever. Keep hoping we don't get it inside the facility. Wash your hands and do the best to keep safe. Be vigilant, stay positive.

Right now isolation is in Medical, quarantine is in cell. Worst case scenario we could end up with a total lockdown if this does get in here and spreads like wildfire.

NO. (3) LEAVE IN RE-SOURCE ROOM

10/2



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF CORRECTIONAL OPERATIONS
STAFFORD CREEK CORRECTIONS CENTER
191 Constantine Way, MS WA-39 - Aberdeen, Washington 98520
(360) 537-1800
FAX: (360) 537-1807

To: SCCC Incident Command
From: CUS D. Cherry, Logistics
Date: 3-21-20
Subject: Tier Representative Meeting

On 3-21-20, at 13:12 hours, a meeting with the SCCC tier representatives was held in the Education building. Captain Eric Mainio and CUS Cherry conducted the meeting
Tier representatives present:

G -Unit: George Russell 290588
H1-Unit: Yoshio White 366518
H2-Unit: Michael Rhem 723868
H3-Unit: Kevin Boot 748979
H4-Unit: Mauricio Paige-Coulter 758532
H5-Unit: Garridan Nelson 739166
H6-Unit: Jimmie Hartfield 366099

The meeting was about social distancing and some of the processes being implemented. It was also a discussion around unit social distancing. During the meeting the tier reps were told of the recreation yard being changed to one unit at a time in the yards. They already knew about the weight decks being shut down and the reason why was discussed. They all shook their head in agreement and understood.

They were informed that Engineering will be closed down on Monday so a movement to CI and Engineering could be worked out where not everyone was bunched up together waiting to get through the hubs. All agreed and understood.

They were asked about the units and what can be done about social distancing in the yard.
Some ideas were:

Only two to a table in the day room. All agreed
Limiting the phones to every other phone. All agreed
Getting more rags in the unit. Being looked into by Captain Mainio and CUS D. Cherry.
Bleach for the phones. Unable to get bleach due to supply and demand.
Hire extra people in the unit to clean and disinfect. This can be looked at and may be possible.
They asked if they can order more hand soap. This is in the works and they will get an answer soon. It is being discussed to allow indigent offender to get soap as needed.
Also asked as if they could get the J-Pay phones working so they can communicate over the J-Pay system.

NO. (3) - LEAVE IN RESOURCE ROOM

2 of 2

Asked if they could attend a daily meeting for a while in the Education building at 9:00 A.M.

All agreed to the time and place of the meetings.

Meeting adjourned at 1:43 P.M.

NO. I Leave IN RE-SOURCE ROOM

CUS Meeting
March 23, 2020

1 of 1

Attendees: Stefanie Baltzell, Kendra Wakefield, Jim Jolly, Chris Grubb, Dennis Cherry, Annica Mizin, Gina Penrose, Ron Haynes, Teasha Bundy

CUS' will be taking over daily tier rep meetings. Gina will send meeting notes from weekend, have not promised anything, just listening to concerns, if it is doable and not going to affect operations should be okay.

We are increasing JPay kiosk times from clear of morning count until afternoon count begins. Only one kiosk has the capabilities for JPay Video.

Everyone is doing pretty good about having 2 to a table in the dayrooms, make sure officers are enforcing. Keep 6 feet distance, 2 per table during mainline. Mainline is taking about an hour longer being called slower, feeding in units may be coming but not yet.

The recreation schedule is changing, less people, more movements.

Education has been pretty empty, any offender led programs need to keep social distancing in mind.

Yard and Rec schedules are fluid right now, they will be changing as needed. It is a rough draft to see how it works.

Make sure to order plenty of rags and germicidal cleaner for the weekends. Hopefully can have a good handle on how much is needed daily before Friday.

Every day something is changing.

Make sure to assist in other units that are missing a CUS as much as possible.

There is no CI today, they are trying to get a solid plan in writing for them and Engineering. They will be making masks and gowns for the community hospitals, crews may be reduced to maintain social distancing, not sure how decision of who will be made, possibly seniority.

All the individual areas are looking at the best number of porters they need to keep everything being cleaned on a constant basis, making sure rags are not being used for too long.

Tier rep meetings daily, 1 tier rep per unit. Cherry will take the lead today. 10:00 in P Building.

COVID-19 Tier Rep Meeting
March 25, 2020
10:00

1 of 2

Population represented by: Greer (G), White (H1), Rhem (H2), Boot (H3), Paige-Coulter (H4), Nelson (H5), Betancourt (H6)

Staff present: CUS Cherry, T. Bundy

G Unit residents are getting nervous about the number of quarantine cells they are seeing. They would like to know if offenders that would like to be can be tested for COVID-19. Were told no because tests are not easily available so only suspect cases.

They are wondering what will happen if there is a positive test, will they be moved to SEG or Medical or just left in G?

Quarantined offenders are sharing the vents with normal G unit offenders and they are less than 6 feet apart, would like us to use SEG instead since they are sharing a ventilation system. Were told that this is not an airborne disease.

Offenders want to know why we think they would tell us that they are sick if there is a chance that they will be taken to Seg, lose their TVs and all of their property and get treated like a normal IMU offender, cuffs to move anywhere like they are being punished? Would like to be able to keep their property and TVs if they end up with COVID and have to go to Seg.

Wondering why they have not received proper cleaning supplies. Were told that the germicidal cleaner works just as well as bleach.

H6 still has not received any rags. Also need mop heads. T. Bundy called Sgt. Silvan about getting some rags to H6

How come staff are not following Social Distancing practices on the breezeway? They are all just standing around in large groups

Why are quarantined inmates not wearing masks until they are celled in in G unit? Officers and staff also should be wearing PPE in G Unit.

How are G Unit offenders being protected from getting COVID when the quarantine offenders are in there? Told that they are locked in their cells and not out in the pod.

G unit would like toilet paper and cleaners available at all times

Told there is a new process with trash cans, all the cans will have liners in them in the units and the bags will go out the back doors.

The offenders really appreciate having the 2nd login for JPay daily. They are wondering if there is any way that we can make it so there the offenders can send stamps to their families through JPay, currently the family can send them to the offenders when they write to them but not vice versa. Offenders say that this is something that happens in other states.

2042 - Rehab!

Want to know if HQ can waive the deductions on incoming deposits during the pandemic to help the offenders get the necessities that they need and extra food so they can try to avoid the dining halls more.

If we come off of this in the middle of 2nd quarter Weight Deck will the weight sticker cost less?

Want to just send out a reminder that Ramadan is on April 23rd, they are aware that they will probably have to pray in their cells but want to make sure that they will still be able to partake in their fast.

Skeleton crews for CI, everyone really wants to be working full time, don't think it's fair that they are missing out on half of their hours because of this. They say everyone can eat in their work stations to help keep social distancing. Want to know how long the crews are being dropped down and why?

Can we figure out something with the yards that run right after mainline (0900, 1230 and 1800) to make sure that they still run so that everyone does not miss out?

If offenders go on quarantine will they get to go back to their same house when released? Cherry said yes they will be and recommended that they clean thoroughly when they do. Offenders want to know about being provided PPE for cleaning.

The JPay video machine has been blacking out after a couple of visits in multiple units. Told to email CPM Bohon about the issue when it happens.

Does this affect releasing offenders with address approval because of time constraints? Cherry said no.

Will they send in a phone guy to fix all of these broken phones?

Condiments are not being given at mainline now because of the big bottles, is there any way to either get packets of condiments or to bring their own?

Tier Reps would like medical staff to come in and explain the process if there is a suspected case.

Can the offenders donate food and such to help out the communities at this time? Bundy did mention a Diversity Fundraiser that is going to be happening and a percentage of that will go to an as of yet undecided on charity.

COVID-19 Tier Rep Meeting
March 24, 2020
10:00

2022

Population represented by Russell (G); Rhem (H2); Boot (H3); Paige-Coulter (H4); Hartfield (H6)

Staff Present: Captain Mainio, Lieutenant Rubalcaba, Plant Manager Matthews, CUS Jolly, CUS Cherry, CUS Grubb, CUS Wakefield, T. Bundy

Everyone received minutes from yesterday.

Asked about showing movies to the facility to keep up morale, told that we need to have special licensing to do that.

Concern that they would like channel 81 switched back to channel 25 because not everyone can get that channel, told to message Associate Superintendent Van Ogle's office.

A lot of staff not coming in right now due to Governor's message yesterday, no IT, no librarian. Go ahead and keep sending information requests to librarian but know that she will be out for at least 2 weeks so it may take a while to answer.

Tried a new HUB movement schedule this morning, did not go so well, will try another one tomorrow. Half the HUB workers did not get breakfast mainline this morning because of new schedule. Captain Mainio talking with Engineering, CI, Food Services and officers that control movement to try to figure out something new. Engineering and CI shops may go to mainline first like we used to do it but will be called by individual shops. Example "Engineering to B Side Dining, Wood Shop to A-Side Dining". Listen to the movements. Will try to get new schedule out today.

A lot of push from multiple persons that we do not need as many workers out in CI, go to skeleton crews, etc. We are trying to keep as many guys working as we can but we need help with offenders being aware of their Social Distancing and being compliant and respectful. No crowding in lines, no entering spaces in big groups, no congregating.

Most units are doing well with Social Distancing, G Unit was struggling a little yesterday, congregating at the bottom of the stairs, especially during store delivery. Looking at new ways to do store, maybe calling in and calling by cell or name to receive.

Social Distancing is the only thing that will keep this virus from spreading if it does get in here.

We are trying to keep normal operations as much as possible, we need compliance from all units and areas so that we can avoid having to lockdown the dayrooms.

Management is getting a lot of push from outside entities to restrict even more.

There has been a lot more spraying and cleaning in the units, H1 has implemented a more thorough cleaning process on Graveyard.

While cleaning more and more, be mindful of how much cleaner you are using, there is no reason to use an inch thick layer of cleaner to clean one thing, don't waste it. Also don't waste the paper towels and toilet paper. There are 12 facilities and 2 work releases being supplied by the same location and we have to keep mindful of supplies so we do not run out.

NO. (4) LEAVE IN KITCHEN ROOM

of 2

Make sure you are policing yourselves on how long you are on the phones, be respectful of others that want to talk to their families also.

No hugging, hand shaking, fist bumping. We know it is a culture change and may take a little time, it is a big change for all of us.

Brought to our attention that the legal mail line is sometimes very long, we will look into ways to eradicate that issue.

Also brought up that some kitchen staff are standing very close to the trays when they are scanning IDs, we will look into that and any ways to create some distance.

Were asked why staff is not wearing masks and there really just aren't enough to go around. Health care staff are having a hard time keeping enough, we definitely do not have enough for everyone here to have a mask at all times. We are going through a check in process every day to try to make sure that staff does not bring COVID-19 into facility.

As most of you probably saw the Governor told Washington residents yesterday to stay in their houses unless they absolutely have to leave to go to work, get groceries or get medicine. If you are able encourage each other to stay in your cells, keep your hands washed and cells cleaned. As Inslee said "stay home, stay healthy"

We will try to get a representative from Medical to tomorrow's meeting to go over the process if there is a suspected COVID case. We are all being extra cautious and addressing any time anyone is showing any symptoms.

Tensions have been rising, share any concerns you may have and any ideas to help limit tension from units. Have patience as much as possible, we are also trying to keep staff tensions down.

Next Tier Rep meeting tomorrow, Wednesday March 25, at 1000. One tier rep from each unit.

Meeting ended at 1040.

2022
"Please don't Remove from
Room!"
COVID-19 Tier Rep Meeting
March 27, 2020
1000

Population represented by: Betancourt (H6), White (H1), Boot (H3), Packer (CI), Greer (G), Paige-Coulter (H4), Rhem (H2), Nelson (H5)

Staff Present: Captain Mainio, CUS Mizin, T. Bundy, CUS Grubb, CUS Cherry

Offenders were asking if we heard back from Headquarters about using some of their savings to send home to family to assist them during this time. -HQ has said since COVID-19 is a disaster, this will be considered for each inmate, you likely will not be able to send your whole savings account home but that will depend on release date. This only applies to immediate family members (wife, parents, kids)

Movement control officer is looking at Mainline/Rec schedule to make sure that the first units to eat are the first units to Red.

G Unit says that only having 1 hour blocks of recreation is compromising their immune systems. The Captain let Mr. Greer know that the main reason is to keep the different units isolated from each other as much as possible so if COVID does get in, we may have a better chance of containing it.

New procedures allow the quarantined and isolated offenders to leave their cells at night after the dayrooms are closed. Graveyard porters are cleaning everything thoroughly after they use it.

All of the units are having issues with their JPay Video machines, they go black after a few visits as well as some having no sound, freezing and/or glitching constantly. Captain Mainio will email Mr. DeFlicht about this issue.

Offenders working Class II or III jobs would like Headquarters to suspend deductions for the time being.

An officer in H3 refused to fill the soap for the porters, they also need green cleaner. -CUS Grubb checked into this and there is plenty of cleaner in their unit.

Box lunches will start on Sunday, hoping that it will help get everyone to the 1230 movement.

G Unit is part of the pandemic plan, we will be putting multiple offenders there because it is safe to do it.

Why Social Distancing if not airborne? Droplets from coughing and sneezing contain it and it stays on surfaces for a long time which is why we are cleaning so much.

Offenders were originally told that they would be going back to same cell after quarantining was over but with being so full it cannot happen at this time. When this is all over we will do our best to get everyone back where they started.

We have been asking daily to stop chains and transfers but everyone is full. WCC Inpatient Unit had to shut down yesterday because of staffing issues so we got a couple of guys from them also.

G Unit wants to know if all of A pod's ground floor will end up being used for Quarantine and Isolation and if we have enough people in that situation it could definitely happen. Everyone needs to try their best to adapt and work with this.

If someone has questions about religious events please contact the Chaplain, he will be able to give more information on individual religious events.

Offenders would like consistency and for staff to also social distance themselves. They would like us to lead by example and not feel like they're the only ones required to do it.

A lot of CI Workers were laid off, the captain had tried to encourage CI not to but with the lack of work they are receiving and not being able to get supplies in it's hard to keep everyone working.

Library sent out Information Request forms (except H5 has not received them).

Kitchen workers are crowded while they are going to work and leaving plus they are elbow to elbow on the serving line. Mr. Attard is looking at ways to expand the serving line to spread out.

The pass-through window for special diets there is a lot of conversation back and forth and the offenders are concerned about the droplets from people talking landing on their food, even in the best of times.

A couple of units have started going cell to cell to pass out mail, seems to be working pretty well for them.

COVID-19 should not mess with any normal transfers (such as an MI3 guy getting moved to an MI2 and leaving for camp). Headquarters has asked the facilities to limit overrides as much as possible.

G unit would like 2 have the juice they would normally have in the dining halls during lunch in their units because they are missing out on a lot of Vitamin C not getting it.

Fundraiser forms going to units today, Cookie and Milk, a portion of the proceeds will be donated to Coastal Harvest.

Daily Tier Rep Meetings are not mandatory, they only have to come if they have something they need.

Suggestion of putting 6 foot spacing stickers like what is in medical in G Unit outside of the isolation and quarantine cells.

Outside Work Crew is taking about 45 minutes to run through the HUBs and clean rooms, they are moving them through much slower than normal because of Social Distancing issues.

Recreation is working on different tournaments and competitions to try to help keep people busier.

There is currently a Social Distancing Slogan poster competition. After winners are chosen Captain is going to get with Darrell Harris' crew in the paint shop to create a couple of the posters to hang around the facility. Prizes will be given for winning posters.

Trying to stop the bottlenecking in the foyers for movements to Recreation and Mainline, a few different options were discussed, Captain is looking at different ideas.

Tier Rep Questions / Some Answered / Some Yet to be answered

When will visitation open back up?

Is COVID-19 in our facility now? No

Would like to utilize legal phones after hours to call family since half of phones in units are closed.

Would like a phone app put on their JPay players.

Wants a different, faster acting cleaner

Can TV Fees be dropped at this time?

Can movies be played on channel 81 for the population?

Can we get newspapers in the units for those that can't afford them to read? This is for sharing and would not be sanitary.

Please consider reopening EFV's

Can we get more bottles along with cleaner in the units? Spray bottles, rags and workers have been increased.

Can we get partitions for between the phones so all phones can be used? Closed every other phone to accommodate social distancing.

Can staff do daily temperature checks on all offenders?

Will store be closed down? No, we will pass out store while enforcing social distancing in the units.

Can indigent individuals be given soap? Can other offenders order more than 2 bars off store at a time? Soap is coming from CI for distribution to incarcerated individuals.

Can we get more activities to keep us busy, maybe game tournaments or something? We are currently looking at any programs we can operate in smaller groups to keep individuals occupied.

Can we get more stamps/logins for JPay per week to help keep in touch? Currently we get 1, maybe we can have 2? Jpay has been adjusted to video visits available from 0700-1530 & 1700-2030 hours. Jpay sign-ins have been expanded to two times a day, but must be a minimum of two hours apart.

Is Trump going to release all of the elderly and immune compromised offenders?

Can we do something about the length of the legal mail line?

Why is staff not wearing masks?

ATTACHMENT 10

GENERAL AFFIDAVIT

COMES NOW, Peter James Carr, resident of Stafford Creek
Corrections Center,
County of Grays Harbor, State of Washington and who
makes this his/her statement and General Affidavit upon oath and affirmation of
belief and personal knowledge that the following matters, facts and things set
forth are true and correct to the best of his/her knowledge:

COVID 19, or CORONA virus, is now a worldwide pandemic and a state of Emergency has been declared in the state of Washington. There is no known cure and no vaccine to prevent it. It is spread through the air and/or by surface contact.

My name is Peter James Carr D.O.C. # 357101. I am an inmate being housed at Stafford Creek Corrections Center in Aberdeen, WA. by the Department of corrections of the state of WA,

I wish to make my concern known that my Eight Amendment right to be free from cruel and unusual punishment is being violated by the Department of corrections of the state of WA. This is because D.O.C. is unable to fulfill it's custodial duty to provide me with a safe, habitable, and non-lethal living environment. I am in constant fear for my health, safety, well-being, and for my life because, by my incarceration, I cannot protect myself from the possible deadly effects of the corona ~~flu~~ virus because I am being confined in close quarters with other infected and contagious individuals. My incarceration is now a possible death sentence.

D.O.C. must release me from it's confinement effective immediately!

WITNESS my signature, this the 4th day of April, 2020.



Peter James Carr # 357101
Stafford Creek Corrections Center #467L
191 Constantine Way

Signature of Affiant
Aberdeen, WA. 98520

AFFIDAVIT OF _____

I, Tony King, Petitioner in this action, declare on oath and affirm under penalty of perjury of the laws of the State of Washington that all of the following is true and correct, and is based on my first-hand observations, knowledge, and reasonable conclusions drawn from my first-hand knowledge:

I am over the age of 18, I am of sound mind and discretion, and I am competent to testify. I am a resident of STAFFORD CREEK CORRECTION CENTER. I affirm these facts:

COVID 19, OR CORONA VIRUS, IS A HIGHLY CONTAGIOUS AND DEADLY VIRUS THAT IS SPREAD THROUGH THE AIR AND/OR BY SURFACE CONTACT. IT IS NOW A FULL FLEDGED PANDEMIC AND A STATE OF EMERGENCY HAS BEEN DECLARED IN THE STATE OF WASHINGTON. THERE IS NO CURE FOR IT AND NO VACCINE ATTEMPT TO PREVENT THE SPREAD OF IT. DUE TO THE RECENT SPREAD OF COVID 19,

The WASHINGTON STATE DEPARTMENT OF CORRECTIONS CAN NO LONGER PROVIDE OR GUARANTEE FOR ME, A SAFE, HABITABLE LIVING ENVIRONMENT IN WHICH I AM FREE FROM THE FEAR OF CONTRACTING AND/OR DYING FROM THIS VIRUS AS THE RESULT OF BEING CONFINED IN CLOSE QUARTERS WITH OTHER INFECTED AND CONTAGIOUS INDIVIDUALS.

MY EIGHTH AMENDMENT CONSTITUTIONAL RIGHT TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT IS BEING VIOLATED BY THE WA. ST. DEPT OF CORRECTIONS BECAUSE, BY MY INCARCERATION, I AM BEING PUT IN HARMS WAY AND I AM IN CONSTANT FEAR FOR MY HEALTH, SAFETY, AND FOR MY LIFE.

WASHINGTON STATE DEPARTMENT OF CORRECTIONS CAN NO LONGER PERFORM ITS CUSTODIAL OBLIGATIONS TO PROVIDE ME WITH A SAFE AND HABITABLE LIVING ENVIRONMENT BECAUSE OF THE COVID 19 OUTBREAK AND, THEREFORE, MUST IMMEDIATELY RELEASE ME FROM ITS CUSTODY.

CONCLUSION

I declare under penalty of perjury of the laws of the State of Washington that all of the foregoing is true and correct. Done this 4 day of MARCH 4TH, 2020 at Aberdeen, WA.

/s/ Tony M. King

Tony M. King

Print name:

DOC #

Stafford Creek Correction Center, Unit: HB-4-42-0

191 Constantine Way

Aberdeen, Washington 98520

2 American Cruise ships outside Florida. Cruise ships were suppose to all be shut down however few decided to not take the downfall because it would cost the company too much money and they figured they would be fine.

Among this Zaandam Cruise ship now right outside of the state of Florida 4 are dead on that ship, another 200 passengers are severely ill with Flu like symptoms, 8 so far have tested positive for covid-19

Stafford Creek Corrections Center (Doc) is the cruise ship

We are all told though we will not be tested because there is no covid-19 here in Stafford Creek. We will not be tested even if we are symptomatic. Yet staff has been on a roll moving inmates out of G-unit A side where 19 cells so far are being used for quarantine nearly all of those 19 cells have at least one offender in the cell for quarantine with flu-like symptoms.

Staff is unaware that us inmates are aware of the approximate 200 body bags that were sent in, in preparation for upcoming possible covid-19 deaths.

We cannot prove that there is covid-19 here because staff will not get us inmates tested, continuity of there story, "There is no covid-19 here at Stafford Creek"

Yet 19 cells here in G-unit are for quarantine due to the fact the medical unit at this facility is full. Again all the inmates in these cells have flu-like symptoms.

MY OPINION: DOC is preparing to keep covid-19 outbreak in facilities as much of a secret as they can. The inmates in these 19 cells have minor symptoms, some a little worse than others but nothing too serious. It is clear to me that if it becomes too clear that an inmate has a covid-19 disease the inmate will then go to the medical unit where we will be left in the blue. The body bags that were sent in, I believe DOC is going to also hide the covid-19 deaths from us.

February 29th 2020 united states had 89 covid-19 cases only 7 deaths that were all in the state of Washington

Today April 1st - 2020 only 31 days later united states now have 211,600 cases of Covid-19 with 4,785 deaths

Confirmed by doctors, reporters and even President Trump himself, at least 100,000 - 240,000 deaths are going to be expected, even more.

That is just deaths alone

February 29th 2020 there was only 91,000 cases of covid-19 world wide with under 3,800 deaths.

Today April 1st, 2020 only 31 days later there are at least 915,000 covid-19 cases and at least 45,000 deaths. This is all recent, Corona was first discovered on Christmas even, Late 2019 in December exact.

Nearly 100 sailors tested positive aboard an Aircraft carrier Navel ship. The captain wants to dock in Guam so sailors can practice social distancing. Which means while the whole country was told and given orders to stay 6 feet apart and stay at home, the sailors figured they didn't need to because they were all o.k. and out in the middle of the ocean. Some how suddenly 100 sailors got Covid-19.

DOC Stafford Creek is that ship.

We are so isolated from the world that DOC will not push for us to be tested for those with Flu-like symptoms. IF one inmate tests positive 2 man cells with 64 cells of inmates will need to be tested not including staff and people that interacted with daily events and activities, or programming outside that pod around that inmate.

50% of those who tested positive had no symptoms so if people that had no symptoms were able to get tested for Covid-19 as inmates that have symptoms should be able to get tested with no issues. The medical unit is full for whatever

reason plus we have 19 in general population that are full of covid-19 symptomatic inmates and still we cant find a way to get corona virus tests.

Washington is not doing a bitch Ass thing for us inmates. No tests, no releases, no extra cleaning gear or equipment, no extra jobs or pay raises for inmates that work in the facility.

The way inmates are being ordered to move around is modified however it is not in an organized fashion.

Things we need.

- * Money on our spendable every month
- * Privileges to be allowed to do Art, beading and other self recreational activities, (in other words they need to modify the hobbie privileges)
- * Early releases for shorter term inmates, by nature of their crime and length of their time
- * Higher inmate pay rate. Right now its 30-36-42 and the most allowed is 65\$ on spendable earned from working. That doesnt help us any if we arent making that

Corona Virus (Covid-19)

- Symptoms - Sneezing, coughing, the sniffles, Fever, headaches, itching, body aches, sore throat, cold like symptoms, Flu-like symptoms, shortness of breath

5.7% of people test positive with no symptoms

However those are obviously light & mild cases, the symptoms you often experience first is a sort of soar throat, cold-like symptoms.

Stay & feel away from people, Covid-19 is 2-3 times more contagious than the regular flu.
Corona virus lingers in the air.

Rumors it came from bats blood from China

First infected city was Wuhan, China late 2019.

First U.S. state to get Covid-19 was Washington State mid-late Jan. 2020. February 29th 89 cases of Corona virus with 7 deaths all deaths located in the state of WA.

Global there was 91,000 cases with 81,000 of that out of China, the Global death toll from Corona was at 3,200

April 2nd, 2020 [32 days later] 226,300 cases in America with death toll at 5,300

Global was just over a whole 1 Million with 51,487 deaths
America the hardest hit country in the world with # of covid-19 cases

Corona virus has stages almost like stages of cancer, once you get to something called a cytokin storm which is something to do with the lungs causing a difficulty of breathing, wheezing and cough, causes patients

to be put on a ventilator. Its a very deadly stage of the virus and is almost a garenteed death of the patient. CYTOKON STORM

This disease is being compared to the most severe illnesses this world has seen. Along with this also causing economic collapse

Yellow Fever - 1793 to 1798 ~ Spanish Flu - 1918

Great Depression - Early 1930's

South Korea Says out of their 9,478 cases, 4,811
Afganastan 110, 4 had successfully recovered

Israel 3,619, 12

Japan 2,180, 59

WA. 4,389 case 189 Deaths

Iran 35,408, 2,517

Philistines 97

Birth place of Corona virus

U.S 124,400,

Wuhan, China

Italy 92,000⁴⁷², 10,000+

skepticism arises as the cases

Britain 14,754, 1,000

reported and death toll reported in

Spain 72,500²⁴⁸, 5,712

china and Japan may be fake

Germany 56,202, 403

3-1-~~2019~~²⁰²⁰ china covid-19 cases

Switzerland 13,000, 235,

was at 81,000 with 3,200

Russia 1,300,

deaths. Today 3-2 china has

only reported a couple of hundred

new cases. 3-1-2020 Japan

was a little over 1,000. Now

only at 2,180 cases with 59

deaths. U.S was ~~last~~ less

than 100 cases 3-1-2020, now

we are at 124,000 cases with

2,100 deaths

Abbott
Laboratories

FDA Approved
New test kit.
15 Minutes
Available Next
Week

300 Soldiers from

627th Army in CO.

Sent to Seattle.

↓
Molecular
Diagnostic
company

KA,

CA. 5,564 cases death just

passed 100

Global DOC Needs to get

NY 53,400 case 903 deaths

D 30,600 Sleep Apnea - ^{Apnea} ~~Apnea~~

STIMULOUS BILL COMPLETELY

C 660,700 Approved, Helps with

PASSED, OVER \$2T Relief bill

breathing for covid-19

is in the Law. Includes Direct Payment (cash)

to

Over 1,000 TX, FL, CA, WA, CO, IL, GA, OH, IN, LA, MI.

50,000 NY

100, 1,000 ND, SD, WY, WV.

Encouraging to not be cautious.

If we even develop symptoms because

Covid-19 is so common to the cold and

regular Flu, according to our medical

Wites there is no Corona cases here so

therefore since there is no corona and

due to the fact we won't be tested even if

we are symptomatic there is no need to

complain to the nurses about symptoms.

- If you get quarantined, you look stupid.

91 inmates 50 staff country wide